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VOLUMES IX--X.

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Editorial Correspondence.

MILWAUKEE, June 18, 1880.—We have just finished up the thirty-third session of the American Institute of Homœopathy. We can only say that, from first to last, it has been a success. The attendance has been nearly three hundred, perhaps more, and all parts of the country well represented, especially the East, which shows that our members in that section are nobly cosmopolitan in their feelings. The West did well in point of numbers, and the South was also ably, but not numerously, represented. First of all we have had splendid weather, four days of the very best "Old Prob." could furnish us. That much of our success has been due to this none will deny. Besides that, Milwaukee is in her glory. She is indeed a beautiful city, and we all felt a little envious of the happiness of the dwellers therein. But a large factor in the enjoyment of all was the attention given us by the Milwaukee doctors and their charming wives. Nothing of this sort was ever before attempted, but it was successful. Every spare moment seemed filled in by their hospitable attentions. The ladies were especially tireless in their services, and they have each won a lasting possession in the hearts of their numerous guests. The exercises were opened by prayer, by the Right Rev. T. E. WELLS, Bishop of Wisconsin. The Mayor of the city then offered an address of welcome, which was followed by an address in behalf of the Wisconsin Med-

ical Society by Prof. DANFORTH. To these the President briefly replied, and after the adoption of the order of exercises, the annual address was given, and on motion it was placed in the hands of a special committee. The order of exercises was faithfully and successfully carried to a conclusion. We may safely say that the Institute never saw a more interesting or harmonious session. To say that all were pleased would be absurd, but it is also true that no similar meeting ever came more near to the point of giving universal satisfaction. The papers presented were numerous and lengthy, and this will account for the fact that the discussions were meager. The Institute was graced with the presence of Dr. E. W. BERRIDGE, of London, who, on the second day of the session, read a characteristic paper, which was received and ordered to be printed. A hasty perusal of it as printed in the daily paper excited the wrath of a few, who on the following day secured its withdrawal from the proceedings. Of this we shall have more to say. Dr. and Mrs. DANFORTH gave a splendid reception to the Institute at their elegant home on Wednesday evening. On Thursday evening a grand banquet was given at the Newhall House, at which there sat down about three hundred guests. The annual election of officers passed off quietly. The following were elected: President, Dr. J. W. DOWLING, of New York; Vice-President, Dr. W. L. BREYFOGLE, of Louisville; General Secretary, Dr. J. C. BURGHER, of Pittsburg; Provisional Secretary, Dr. J. H. MCCLELLAND, of Pittsburg; Treasurer, Dr. E. M. KELLOGG, of New York. Dr. MCMANUS was elected to his old post as chairman of the Board of Censors. About fifty new members were gathered in, so that the active membership of the Institute does not fall far short of one thousand. On Friday morning Dr. MCMANUS gave us an address containing reminiscences of his life, particularly his conversion to and early experiences in Homœopathy. It was one of the most entertaining events of the whole session. The daily papers of the city gave the Institute marked reportorial attention; the Sentinel especially, printing many of the papers in full. The Institute adjourned to meet in or near the city of New York; the exact time and place being left with the Ex. Committee. Many things worth recording are in this report omitted for want of space. The one fact that no conflict of an unpleasant nature occurred, and that all seemed inspired to work for the general good, is quite enough to stamp this session the peer of any of its predecessors.

"FREEDOM OF MEDICAL OPINION."—This much vaunted and much abused sentiment received a touching exemplification at the late meeting of the American Institute of Homœopathy. A distinguished foreigner—an English physician, was invited to read a paper. He obtained permission to do so only by a bare two-thirds vote, quite a number of the members boldly standing up to be counted against this courteous act. Why?

Because they knew beforehand the opinions of the gentleman to whom the invitation was extended, and they did n't propose to give him a chance to express his opinion. This is the liberty they boast of. The paper was read and received, and the following day it was withdrawn because it did n't happen to suit the notions of certain gentlemen. Fortunately for them their ill considered remarks were stricken out of the proceedings, and it may be a question who was most sat down upon, the assailers or the assailed. No wonder, after what they had said, they hastened to have all record of it expunged from the proceedings. It was a clear case of self-protection.

THREE GENTLEMEN, members of the Institute, who during the past few years have been abroad, and who, while in England, were recipients of special favors from the homœopathic medical profession in England, took occasion to return the compliment by making anything but complimentary allusions to the paper of the English physician, which he had presented to the Institute. This may be all right, but it did not so strike us at the time. The sober second thought of the members must have brought only regret at such acts. It was in every sense un-American and should be disowned.

ONE GENTLEMAN in the controversy over Dr. BERRIDGE'S admirable paper objected to the Doctor coming over to this country "to lecture to us." This from a man who has spent most of his life in the lecture field and is himself strong in the lecture work. Two of a trade can never agree.

IN THE March, 1880, number of this journal we said: "So far as the recent history of Homœopathy is concerned, it must be plain to all that our school has passed through a most trying epoch. Commencing, we think, with CARROLL DUNHAM'S celebrated address at Chicago in 1870 on "Freedom of Medical Opinion and Action," the epoch lasted until, and culminated in the last meeting of the American Institute at Lake George. * * * It was our happy privilege to hear CARROLL DUNHAM'S address. * * * It did not strike us then as containing the slightest objectionable element. We applauded it, with others, to the echo. But we all know the result. It was the pebble that began the avalanche. It was the fatal word that roused the unseen forces to action. It was the commencement of a counteraction that for ten years has covered our ranks with clouds of confusion and dismay. But it was not the fault of the noble man who stood up in Chicago to speak his honest, burning words. It was because his words were wrested from their true meaning and applied to uses abhorrent to his mind, and opposed diametrically to his practice, that this great wrong was done our school." These plain words gave rise to no charge of want of fealty to the memory of CARROLL

DUNHAM. They were not, and could not, be denied. Dr. BERRIDGE, in his paper before the Institute, alluding to the same fact, used the following language: "Ever since that fatal error was committed by one whose memory we nevertheless hold in honor, of proclaiming 'absolute liberty of opinion and action,' a change for the worse has taken place in our ranks. Ever since that time, the name of CARROLL DUNHAM has been held to sanction every kind of empiricism; forgetting that he himself in his teachings and practice was a true Hahnemannian, men have eagerly caught at his well intentioned words, and even banded themselves together to overthrow those who remained true to the teachings of the Master." That there is in either of these statements any reflections cast up upon CARROLL DUNHAM'S character, no sane man can assert. It is a matter of history and it can not be successfully denied.

Abstracts of President's Address Before American Institute of Homœopathy. Prof. T. P. Wilson.

The President in his address began by alluding to the fact that one-third of a century had elapsed since the organization of the American Institute of Homœopathy. That a generation of men had gone by since it began, and that we of to-day are the legitimate successors and heirs of the noble men who founded this society. A fitting allusion was then made to the veteran corps, many of whom in their distant homes are looking with dimmed, yet anxious, eyes upon the proceedings of the present convention. It would gladden their hearts to know that the flag of similia is still proudly floating over our heads.

The advent of Homœopathy into the world constituted not medical reform merely, but medical revolution. Its progress might yet fill the centuries, and could not be so clearly marked year by year.

Two things hide from our eyes the real progress we are making:

First. The cessation of hostilities toward us by the allopathic school. We have conquered peace and now receive consideration and respect due to honorable competitors.

Second. Our work has become so distributed that we fail to notice how we are succeeding. In every state and city, in towns and villages, we are pushing on the work, and we do not feel it as when we had but one or two, or at most a few points to watch.

It is the duty of the President to report upon "the progress of Homœopathy during the past year." It is not the prosaic fact we want, but the fact conceded, what is the philosophy of our progress? Why has Homœopathy progressed?

First. We have progressed just in proportion as we as a school have adhered to the principles as taught by Hahnemann. Not because Hahnemann taught them, but because they are true. Hahnemann's relations to them was accidental. We follow truth not men. Homœopathy was a declaration of Order against Chaos, and its march forward will end as only it can, in the destruction of empiricism. Hahnemann understood the problem with which he was dealing. He knew how false the theories and fatal the practices of his predecessors and contemporaries. If any one has since arisen having a deeper insight into the arcana of therapeutics he should be made to stand forth. Is it a Ringer, or a Bartholow, or a Phillips, who transcend the wisdom of Hahnemann? Hahnemann was never false to the truth, nor inconsistent in its advocacy. He never apologized for ignorance, nor compromised with error. He could never have framed a rule such as is on the records of our society, which declares the law of cure "coextensive with disease," and then shield the short comings of those who do not follow the rule by declaring the materia medica imperfect, or the practitioner to be ignorant of it, as though that were a sufficient answer for those who, claiming to be homœopaths, live in constant violation of their profession. Dogs may return to their vomit, and hogs to their wallowing in the mire, but the homœopathic school can never return to the chaos from whence it sprung.

It was neither a misfortune nor a mistake when the homœopathic school began a distinct and separate existence. Those who endeavor to blind the issues between us and other schools, and those who brand us as sectarians because we stand up for that which is our own, deserve to be overwhelmed with confusion. We have become a numerous body of practitioners and patrons. It is no small matter to maintain a proper *esprit de corps* of so large a body. If we of the American Institute of Homœopathy shall stand for the integrity of our principles, uttering no uncertain sound, we will carry gladness and hope to thousands of hearts. "The common people" have faith in us. Have we faith in ourselves?

Second. We have advanced because the philosophy of our art is in harmony with the general advancement of science. All the modern revelation of physiology, microscopy, chemistry, and kindred subjects, have only helped us on. While on the contrary the empirical schools have been time and again thrown back upon their haunches by fresh discoveries. We have come to a better knowledge of disease. It is not the changed tissue but the dynamic condition which produces that change. That is the thing to be treated. And we now understand drugs better. It is the inherent force of the drug we need to use, and not necessarily the drug form. Hahnemann clearly taught these things more than three quarters of a century ago, but even in the homœopathic school they are not understood. Preceptors do not teach their students as they should. Our current medical literature is poisoned with errors and mislead. Our colleges fail to teach the true methods and practices of the homœopathic school. Every doctrine we hold to has been assailed both from within and without. Had the assailants succeeded there would have been nothing left us to-day. These things demand attention. We have, during the past year, had an unusual amount of controversy, and much of it, unfortunately, personal. We need agitation; we can not otherwise progress, but we should have no more of these bitter, personal quarrels. We have a wide field opening before us and can

not afford to waste our energies. In the field of collateral sciences we have much to do. Witness what the microscope has done of late for our triturations. It is an error to suppose that "high dilutions" or greatly attenuated preparations have been affected by the discoveries of the microscope. It has helped, not hindered. These discoveries affect the material side, but not the dynamic. Drug forms and drug forces are separate departments of investigation. The radiometer of Prof. Crookes, and the tasimeter of Mr. Edison, have opened to us new worlds of thought and study. Facts go before principles. We find the facts and wait, often a long time, for the explanation. Hahnemann discovered and elaborated the facts of similia, and the power of dynamized or attenuated drugs, but it is left for us to perceive their explanation in the discoveries of modern science.

Third. Another important element in our progress is the enlargement and perfection of our educational work. Our colleges are taking advanced grounds. It is the fault of the profession that all the colleges have not come up to higher work. The Inter-Collegiate Congress and the Inter-Collegiate Committee have done good work in this direction. Two of our colleges already demand a preliminary examination and three courses of lectures. They should be sustained. All the colleges will soon do equally well.

Fourth. Our current and general medical literature are helping on the work. We can no more live without food than we can exist as a profession without books and journals. All honor to the noble men and women who furnish us such a rich and cheap supply. May they all, editors, authors and contributors, have their reward!

The attention of the Institute was then called to the unpublished writings of Hahnemann, now in the hands of his heirs. It was recommended that a committee be appointed to consider how they might be obtained and published.

Certain amendments to the by-laws and constitution were also recommended.

Attention was called to the American Public Health Association, and that delegates to that body should be appointed.

And finally it was suggested that as we had been, as a school, rigidly excluded from the army and navy during the late war, we should now put on foot such plans as will secure us proper recognition from the United States Government, both in the army and navy.

How to Advance Homœopathy. By E. W. Berridge, M. D., London.

Mr. President, Ladies and Gentlemen: Through the courtesy of our President I have been invited to address you on some subjects connected with our beloved science and art. In responding to his flattering appeal, I can not help feeling how imperfectly I can acquit myself of this pleasing task. In your ever progressing and enlightened country, free from the fetters of the king-craft and priest-craft of the Old World, our art of feeling has advanced so rapidly that it is to the veterans of America to whom the rest of the world should look for aid rather than to us who seem to be but of yesterday. Nevertheless, I will attempt, however imperfectly to present for your kind indulgence and consideration, a few thoughts on that subject which we all profess to have at heart, namely: "How Can we best Advance Homœopathy?"

It can not be denied that Homœopathy has not advanced, and is not advancing as rapidly as we could desire, nor as rapidly as we once had just and reasonable grounds for expecting it to advance. In the United States, there it has taken the firmest root, and where its spreading branches the most widely overshadow the land with healing in their leaves, the old school is yet triumphant in point of numbers; and to this day the rules of medical trades-unionism, euphemistically called "professional etiquette," are brought to bear

upon us by our opponents. In Great Britain we have but two hundred and seventy-five avowed homœopathic physicians, and this number includes not a few who have not the slightest claims to this honorable title; and while there are many colleges and universities empowered by the state to grant degrees in medicine, we have not one legally recognized school of Homœopathy. On the Continent mattters are in the same unsatisfactory condition. Except in the United States, and for the last few years in Great Britain, there seems to be everywhere stagnation, if not retrogression. It ought to be far otherwise. More than forty years have elapsed since Hahnemann penned the fifth edition of his Organon; more than eighty years since he first announced the law of Similia, and yet how little fruit has his life work borne in comparison with what should have been. Why is this? To what causes are we to attribute the fact that the profession and the public have not more universally accepted Homœopathy?

There are those nominally amongst us, who have a stereotyped answer to this question. Hahnemann, they say, was too dogmatic, too uncompromising, too visionary; and as a panacea for all the unbelief which now pervades the allopathic mind, they recommend that we should give up what they call our "sectarian attitude," that we should drop and disavow the name of Homœopathy; that we should repudiate as untenable that which they term the extravagences of Hahnemann, such as his doctrine of chronic diseases, etc., and finally that we should claim for Similia Similibus Curantur, not the position of an universal law, but only that of a very good and useful rule of practice to which there may be many exceptions. "Do this," they say, "and the old school will advance to meet us half way; the medical millenium will arrive, and the lamb will lie down with the lion." Yes, truly; but the lamb will be inside the lion! The experiment has been tried both in the United States and in Great Britain, and with what result? Fortunately for our school, not by the acceptance of the profferred amalgamation. On the contrary, the old school repulsed these well-meaning but erring col-

leagues with scorn and contempt! And so it will ever be. Do not let us be mistaken in this matter. Our allopathic brethren are not all fools; they can discern the difference between the gold and its counterfeit; they are honest though in error, and they will always reject the overtures of men who are not true in practice, to the principles which they profess, or who show signs of wavering in the presence of the enemy. If we wish the old school to amalgamate with our own, it will never be effected by compromise. Truth and error can not co-exist. No man can serve two masters. No man can halt between two opinions without suffering the natural consequences of his indecision. If Homœopathy be false, let us at once relinquish our distinctive name, and avow ourselves eclectics; if it be true, let us stand firm, nor yield a single inch of our vantage ground. *Magna est verritas ec prævalebi.* Truth has no occasion to descend from her lofty eminence and ask permission to be heard.

I speak unhesitatingly on this subject because I speak from experience. My friend and co-editor of our Anglo-American quarterly, "The Organon," was a leading allopathic physician, well versed in all the science of which the old school boasts. He was one of the bitterest opponenents of Homœopathy, and the originator of that law of the Liverpool Medical Institution which enacts that no homœopathist should be eligible for membership, and that should any member adopt that system he should thereby forfeit his membership. I can not wonder at it. He had seen the so-called "Homœopathy" practiced in that city; he knew how utterly false were the pretensions of many of its nominal adherents. Is it to be wondered that he made no distinctions, knowing none, and classed all under the same category? But when we became acquainted with each other, and when I explained to him what the true Homœopathy of Hahnemann was, he listened attentively, put the matter to the practical test, became convinced of its truth, sent in his resignation to the Liverpool Medical Institution, as he was compelled to do under his own law, and is now, as we all know, one of the most enthusiastic and uncompromising of Hahnemann's followers. Long

afterwards he said to me, "If you had not been a Hahnemannian, you would never have converted me."

Such has been the effect of our wavering upon the minds of our allopathic brethren; what effect has it had on ourselves? Ever since that fatal error was committed by one whose memory we nevertheless hold in honor, of proclaiming "absolute liberty in medical opinion and action," a change for the worse has taken place in our own ranks. Ever since that time the name of Carroll Dunham has been held to sanction every kind of empiricism; forgetting that he himself in his teaching and practice was a true Hahnemannian, men have eagerly caught at his well-intentioned, though mistaken, perhaps misunderstood, words, and ever banded themselves together to overthrow those that remained true to the teachings of the Master. I need not recount the various phases of the struggle, they are all well known to you; suffice it to say that the crisis is past, and convalescence has commenced. There are indications both here and in my own country of a desire to return to a purer faith and a truer practice. How can we best accomplish that great work? How are we to advance Homœopathy, and render it the sole and universally received science and art of therapeutics."

The answer is simp'y this: we must go to the fountain head, and there drink of the water of life freely. We have neglected this; we have thought we were wiser than our Teacher; we have attempted to run before we were able to walk, and the usual consequences have ensued. We must undo all this; we must be willing to begin again like little children and learn the A B C, and when we have mastered the alphabet, we may try our hand at reading, and perhaps in time even writing an original work! The great error of the present race of homœopathists is their neglect to study the Organon of Hahnemann, and it is to this great work, the very Bible of Homœopathy, that I especially desire to call your attention. I do this with the more earnestness, because I find there are so many who have never even read it, much less studied it. "The Organon," they say, "is full of Hahnemann's theories." Leave out the theories then; Hahnemann

merely gave them for what they were worth, as the best explanation he could give of certain facts. His theories were based upon his facts, not his facts upon theories. To know the true meaning of a fact is of scientific interest, but it is not essential to the fact itself. Destroy all Hahnemann's theories if you choose, you will not thereby shake one single stone of the temple of Homœopathy. Yet even to the present day we find men wasting their time in writing against Hahnemann's theories. Perhaps they do so because his facts are too strong for them.

"But," says another, "we have the new law; what more is needed?" Aye, the law; but of what use is a law unless you know how to apply it? You meet with a chronic case which is benefitted by your remedy; the symptoms cease, then return in a milder form. What are you going to do now? Will a mere knowledge of the law help you? If you have not the rules of Hahnemann to guide you, you will probably repeat the medicine, and so do harm; whereas, if you have studied his writings, you will know that such periodical exhibitions are of frequent occurrence, and that the remedy must be allowed to act without interference. Will the law alone tell you how long to wait before deciding that the medicine will not act, and is therefore incorrectly selected? Will the law alone tell you that in all periodical diseases the best time to give the dose is just after the paroxysm? You talk of the law of *similia*, but do you know what is the "like"? To judge from the prescriptions frequently made, the sole idea of "like" in the minds of many, appears to be a vague pathological resemblance instead of the minute semeiological correspondence taught by Hahnemann. Pathology is not without its use, but that use is not in the problem of selecting the most appropriate remedy. Pathology does not indeed often tell us whether a new symptom is of favorable or unfavorable import, and hence whether it requires to be treated or not; but in the actual selection it is not of the slightest value, not only because it is theoretical, and hence more or less uncertain, but because even at its best, it can only generalize, and not individualize.

Was there only one utterance I could make during this visit to your mighty continent, it would be "study the Organon of Hahnemann." Read it again and again. Those who study it the most, testify that it never wearies them, that it seems ever fresh, that something new, or something the full force of which they never grasped before, at each perusal meets their mental eye. Do not be led astray by the utterances of those who would have you first study fallacious manuals on pharmacodynamics, or essays written by men whose object is to glorify themselves at the expense of a system which they have never comprehended, though they are indebted to it for the very reputation they possess. Do not be led astray by the fallacious dictum that the Organon should be placed "for frequent perusal and is a trusted guide in the hands, not perhaps of the student, but of the educated, earnest practitioner." On the contrary, I maintain that the Organon of Hahnemann is the very first book which the student should read, without which he can really learn nothing of Homœopathy. The Organon is like the mariner's compass, without which the finest ship is in danger of being wrecked. You may know your materia medica by heart, but without a knowledge of the rules by which to apply it, your success will be imperfect; but with this knowledge, and with faithful adherence in actual practice to the teachings of Hahnemann, your success will be certain.

It is not as a blind bigot or a fanatical enthusiast, or a mere hero worshipper that I urge these matters upon your attention. I am as ready as any man to worship a hero, but his right to the title must be first demonstrated to me. Since I first discovered how I was raised in early days by teachers, and taught to believe implicitly much that reason and maturer judgment have compelled me to reject as fallacious, I have become skeptical in all things, and require absolute proof, before I accept a statement as absolutely true. And by absolute and unwavering acceptance of the truth of the practical teachings of Hahnemann is based upon experience. It is now eighteen years since I first commenced the study of Homœopathy; I have compared it with allopathy and with

eclecticism. I have tested it in the most severe acute diseases threatening life, in the most chronic and inveterate diseases which had baffled all other treatment, and in incurable cases, when only euthanasia was possible, and I have never once found Hahnemann's teaching to be wrong. Nay more, though Hahnemann's faithful followers have made many discoveries in the same field in which he labored, so vast was his insight, and so profound his genius, that there is scarcely a single therapeutic discovery of modern times, of which you will not find, at least the germ, in his writings.

Hahnemann's system is the true, the only Science of Therapeutics, and if my words will persuade any of you who may have departed from his standard to adopt a purer practice and a truer faith, I shall feel that my visit to you has not been in vain.

Theory and Practice.

Proving of Nitrate of Sanguinaria. By Wm. Owens, M. D., Cincinnati.

C. J. S., aet. twenty-eight, dark complexion. Had always lived east of the mountains until about two years ago, but not near the sea shore. Had variola sixteen years ago, is deeply pitted; health has been better since, says it is perfect.

November 24th, 1878, ten-thirty p.m., took five grains third decimal trituration *Nit. sang.* Sneezed twice within ten minutes, taste slightly bitter; in fifteen minutes felt water

trickling down left nostril, (he was lying on left side), also burning in left nostril; felt very irritable and unable to compose himself, could not go to sleep. In one hour the burning had extended to the right nostril, forehead and both eyes; burning, smarting and watering of both eyes; the gas light was painful to the eyes and caused him to keep them closed; relieved by sneezing; sneezed several times; felt fullness of the head as if taking fresh cold. In one hour and forty minutes after taking, the right nostril commenced to discharge watery mucus; sensation of heat and burning in the nasal passages. Went to sleep between twelve and one a.m., and woke at three a.m. with great pressure, fullness and heat in forehead, extending to the root of the nose; says he slept but little and was quite restless until morning. When he arose both nostrils were plugged with large accumulation of mucus, the mouth and tongue were dry; on moving about a large quantity of thick, yellow mucus was discharged, that from the right nostril tinged with blood; the mucus was of a thick yellowish character; this continued for two days gradually subsiding; there remained a sore, raw feeling in posterior nares, with stiff, sore, cracked feeling in soft palate. Examination showed on second day, swollen and elongated uvula, red and swoolen soft palate, border edematous; the upper portion of pharynx bright red; the glands over entire surface hypertrophied and covered with yellow, tenacious mucus. All of the symptoms now subsided in three days. Mr. S. declined to repeat the experiment.

PROVING II.—Dr. O., (myself), "accidental," aet. fifty-six, ruddy complexion, blue eyes, dark hair, general health good. Had for several weeks been troubled with annoying post nasal catarrh, contracted from exposure. Had quite free, clear viscid mucus discharge not relieved by several remedies tried. Took, December 14th, 1878, six one grain powders of third decimal trituration *Nit. sang.*, one every two hours. Slight bitter taste after taking; mucus slightly increased.

December 15th took eight doses. Same bitter taste; slight mucus discharge increased; otherwise no marked symptoms, slept well in fore part of the night, badly in after part.

Dec. 16th. Awoke at six with a severe pain in forehead, more particularly over left eye; pressure and heat extending down into root of nose; strong pressure, with pain and soreness in right nostril, pain and heat extending toward right malar bone; heat increased over the whole right side of the face; throbbing in the antrum; attempted to snuff hot water but failed to get any into the right nostril; the first molar tooth very tender to the touch. Inhaled hot vapor from caustic lime every hour; at second inhalation the obstruction gave way and was followed by a large discharge of thick, lemon colored mucus tinged with blood. Have had attacks similar to this several times, but nothing that approached it in point of severity. The discharge from the left nostril continued but a few days; the discharge from the right nostril continued several months; thick, yellow, brownish and bloody crust were discharged nearly every day during the entire time until I commenced medication when it gradually subsided. Many times have been obliged to resort to the nasal wash of hot water to get relief enough to sleep. The mucus has at all times seemed hot, tasted sweetish or like albumen, and appeared yellow, green or brown. During the winter the catarrhal irritation extended to the larynx and bronchia, attended with hoarseness, and more or less a raw, sore and scraping sensation never before experienced (The general health remained never better.) Soreness and rawness extended into the chest, pressure and burning behind the sternum.

PROVING III.—E. G. Watts, medical student in my office, aet. twenty-four, light complexion, blue eyes, healthy. Making fourth from third trituration of *Nit. sang.* After triturating twenty minutes began to sneeze; said he thought he was taking cold; head became "stopped," felt pressure in the upper part of the nose and forehead, attended with heat and pain, followed in an hour by a watery discharge from both nostrils; burning and watering of the eyes. Discontinued his work and walked out in the open air; sense of fullness and pressure in forehead was increased; burning diminished slightly; slept poorly that night. In the morning

threw off freely from mucous membrane of nose and throat; complained of fullness and pressure behind the sternum, relieved by raising a considerable quantity of thick, clear or starchy-like mucus tasting like white of raw egg. Symptoms passed off during the day.

CLINICAL.—Case I. M., medical student. Sore throat, pain in tonsils; constriction across center of chest; tension behind sternum. One dose *Nit. sang.* 6, relieved in one hour.

Case II. S., medical student. Burning heat in all of the air passages, had existed all day. Gave three doses *Nit. sang.* 6, one grain each, to be taken in the evening. Next morning all had disappeared. Moderate secretion of mucus followed for two days.

Case III. C. P., medical student. Dry burning in upper and back part of nose and throat. Four doses *Nit. sang.* 6, given two hours apart relieved in the morning on waking.

Case IV. Mrs. B. aet. fifty-five, widow, subject to chronic cough many years, always attended and followed by great accumulation of frothy, viscid mucus; asthmatic and subject to gastric catarrh, frequently following attacks of bronchial catarrh; great tenderness in the epigastrium; sore spot in the throat, right side. *Conium* 3, and *Caust.* 3, have usually relieved but this time failed. Gave six one grain doses of *Nit. sang.* 6, to be taken one hour apart. When four doses had been taken sore spot was gone, slept well all night, and attended to her household duties next day.

On a subsequent occasion gave same patient twenty drops of third dec. dilution in six ounces of water; four doses gave relief. This was an acute attack and varied slightly in that she had sneezing and watery coryza, with a dry, hollow cough.

Case V. J. J. B., whose case was reported in proceedings of American Institute, 1878, and from the results of which he became a convert to Homœopathy, has entirely regained a full, smooth and flexible voice, such as he formerly possessed.

Tying the Cord. By J. C. Sanders, M. D., Cleveland, O. Read before the Homœopathic Medical Society of Ohio.

To tie or not to tie the cord of the neonatus, that is the question upon which hangs the discussion of this paper.

Recently there has arisen a doubt on this subject hitherto regarded settled. and from this doubt has sprung a practice which controvenes all the teachings of the past, and well deserves the consideration of this body.

Preliminary to the main discussion, I will ask attention briefly to the cutting of the cord.

All agree that the cord should be servered, and at a safe distance from the abdominal front of the child, and to secure this safely, the distance should not be less than two and one-half inches, nor should it much exceed this distance as it would only add cumbrousness to the retained portion. There is no evidence that the cord has sensibility, and therefore, though we first cut at a greater distance than this average, it can be trimmed back subsequently, before or at the time of the dressing. This is to be avoided, however, especially by the tyro, as it would impress the nurse or helper that there had been some carelessness or lack of proper heed in the first cutting.

There is something to be considered in the character of the instrument by which the cord is servered. This is usually furnished ready for the occasion as a part of the paraphernalia of the little one's toilet, and is generally the best pair of scissors or shears the house affords. Some doctors go armed with this weapon as is the practice of dry goods clerks. The point in the matter is this, shall we cut with a sharp or a dull instrument, with a keen or haggling edge of blade. In short, shall we cut with a keen, sharp instrument or grind the cord off with a dull one, or use for the purpose an ecraseur?

If we ligate the cord it is immaterial whether the instrument is sharp or dull except as to convenience of use, but if

we do not ligate the question is a significant one. If the rule that is to govern shall be not to ligate, then surely the duller the blade the better, the more haggling its cutting edge the more it would approach the ecraseur, which would be the ideal instrument for this operation, as it most nearly copies nature's mode of the cord's division in the dumb beast, which, by its intuition, is taught to grind the cord of its new born off by act of biting. If this rule is to reign let us have a small novel ecraseur manufactured and made the part of every obstetric outfit, and the cord never servered except by its use.

We come now to the main question, tying or ligating the cord. It may be safely asserted, I think, that from time immemorial the practice of obstetricians and midwifes has been to ligate the cord incident to its cutting. Shall this old rule continue to prevail, or shall we adopt the modern suggestion and decline to ligate, cut how we may. This surely is an eminently practical question and not unworthy our attention.

My practice and teachings may be expressed in these propositions: first, it is necessary to save, in some cases, from serious and fatal hemorrhage; second, it is always prudent; third, it contributes to the cleanliness and comfort of the first and subsequent toilets; fourth, it is harmless of evil.

We will consider these briefly in their order: First, it is sometimes a necessity to save from serious or fatal hemorrhage. Why not? What are the vessels cut on excision of the cord? The vessels are one vein and two arteries. The vein by reason of being an affluent vessel with its current towards the heart of child furnishes no source of peril to child from being untied. This we would no more ligate so far as safety as to blood loss is concerned than we would tie the veins in an amputation. The vessels with which we are now concerned are the arteries. These, with the vein, are supported only by a loose, flabby, unsensitive, loosely contractile cellular tissue, if there is besides a muscular tisssue it is very delicate, and enveloped by the likewise non-contractile structure of the amniotic and choriotic membranes.

Indeed there is in the structure of the cord no firmly, environing, contractile tissues in which the servered ends of the arteries may retract and bury themselves, and thus secure occlusion of their orifices. These arteries come directly off from the internal iliacs and are larger than arteries, which in amputation of arm or thigh any prudent surgeon would leave without ligature or torsion. Apart from any reasoning from the nature and conditions of the vessels and surrounding tissues which are cut in severing the cord, in support of the affirmation which we here make, that their orifices may bleed, we have the practical fact that they do bleed, sometimes seriously and sometimes fatally. In the history of my own experience I have known three cases of serious loss even when a ligature had been applied; the ligature in each case was ordinary bobbin instead of cotton or silk cord. The bobbin in furnishing a flat and broader surface of compression failed to occlude the vessels sufficiently. The babes in these instances were hearty and healthy, their respiration perfectly established, and they were kindly and tenderly cared for by experienced and intelligent nurses. The hemorrhage was primary, occurring in each case within an hour after ligation, and the ligature was not applied until the respiratory circulation had become well established, as this was always my practice. The loss in two of the cases was so great as to blanche out and make limpid the little ones, and in the other one the loss was even to syncope, though not fatal. These were not cases by any means of depraved blood stasis, or dyscratic, or under the ban of a hemorrhagic diathesis. The children were sound, plump, firm and hearty babes, of healthy parentage, and when handed over to the nurse were in prime condition. Besides, a second ligation with a firm, fine strand of stout thread put an arrest on all further loss. I am as confident as I can be of anything not absolutely positive, that each one of these cases would have proved fatal but for an opportune second ligation. But my experience with bleeding cords is by no means limited to these three cases. I have seen cords bleed an amount, again and again, startling both to the nurse and myself, and be-

cause promptly arrested by a firmer ligation did not exert any especially damaging effect upon the little victim. I am cognizant besides of a case of recent occurrence in this city where a stout, healthy babe bled to death from an unligated oord. The evidence was indisputable and overwhelming.

Face to face with such experiences and facts as these, I am forced to the conviction that the old practice is the better practice; that the modern suggestion is freighted with peril and if generally adopted will prove the needless sacrifice of many a babe to which otherwise life would be possible.

As for me I want no future Rachel weeping for her children and mourning because they are not, through any teaching of mine by voice or pen. I had rather save a life even by excess of prudence than sacrifice it by a bold innovation. I am free to assert that to leave the cord unligated when severed by the ordinary and common scissors, or any instrument of sharp cutting edge, is a culpable adventure and a criminal, because a wilful, neglect, warranted by no proven fact in the status or condition of the new born child.

Second, the ligation of the cord is always prudent. This proposition is but a corollary from that which precedes. If in the nature of things there is no natural bar to blood waste from the severed cord, and if by observation and experience it is verified that hemorrhage may occur or is liable to occur, and does sometimes occur, not seriously alone, but even fatally, then surely a ligature is the dictate of a prudent judgment. If in some cases it is an absolute and necessary safety it rightly may be adjudged prudent in all.

Third, it contributes to the cleanliness and comfort of the first and subsequent toilets. To protect the little one's body surface and its new and renewed garments from the inevitable dribble and drizzle of an untied cord is alone motive sufficient for the ligature apart from any question of protection from danger. Believing as I do that the obstetrician's duty is never discharged toward the child until its first toilet is made, and that however competent the nurse, this toilet should never escape his surveilance. I have had abundant opportunities to witness the soiling and untidiness of both an

imperfectly ligated and wholly unligated cord, the necessity of stripping, rewashing and readjusting of garments until I am satisfied that there is abundant motive for the ligature if only to render this and subsequent toilets neat and tidy.

Fourth, it is harmless of evil or injury to the child. This proposition might rest alone on the simple axiomatic truth that nature is conservative and holds the ægis of protection over the delicate mechanism and life of the new born. But the simple, marvelous provision for the transition from fetal to respiratory circulation puts under this proposition a sure foundation. From a careful examination of this wonderful provision I am free to deny that there is any warrant in the anatomy or physiology of the fetus or the new born child for the affirmation of those who oppose ligation that the ligature entails "the danger of portal congestion and engorgment of the liver." Will these non-ligation advocates please answer where the blood comes from, and by what channel does it flow, by which the portal and hepatic centers are so endangered? It can't be surely what little there is at the moment of incision in the umbilical vein between the cut end of the cord and the edge of the liver, and yet I know of no other source. If this be the only source, is it sufficient to endanger the liver and portal center?

It is an affluent vessel whose current is toward the liver, as anatomy teaches, but it can do no more than empty itself, and can not refill from any source, and this small quantity is the same blood, right from the placenta, which the liver was designed and made to receive, and up to this moment has required for the maintenance of its extraordinary nutrition and growth. But is there no provision for this residual quantity of blood so freighted with danger to the portal center? What does physiology teach as to this? It teaches that immediately on the first inspiratory act there is a flood gate opened from the right ventricle through the pulmonary arteries, and a new and swift current established for all the blood on the right side of the heart toward the capillaries of this vast expanse of lung surface now for the first time opened and outstretched. How is it possible with this afflux

through the pulmonary arteries upon the capillaries of the pulmonary cells for the ascending cava together with the liver not at once to begin to be disburdened of their accustomed fulness and pressure of blood by a quantity and tension incomparable with the small amount residual in the umbilical vein. Indeed, the umbilical vein would scarcely retain any appreciable amount with this affluent current reaching all through the liver and portal system towards the respiratory cells to secure thereby a better and a perfect arterialization by coming in contact with the oxygen of the inspired air. The idea, therefore, that the liver and portal system can incur "any danger of congestion and engorgment" by the ligation of the cord is preposterous. How any intelligent man can give his sanction to such an idea, is passing strange. The whole idea is a ridiculous assumption.

Besides this negative result of ligature, of absolute immunity from evil, I believe there is besides another possible advantage in the closing up of the vein by its use in barring as it must all access of air to the current of the vein or any possible viscous secretions gathered up from the vaginal or vulvular surfaces.

My advice and teaching, therefore, are, that to ligate the cord before or immediately after cutting is a bounden duty on every obstetrician, and to leave the cord unligated is an unwarranted risk and a criminal, because an unnecessary and wilful, neglect.

Strabismus. Its Cause, Consequences and Cure. By F. H. Schell, M. D., Cincinnati, O. Read before Homœopathic Medical Society of Ohio.

The strabismus herein treated of is the common concomitant squint, not depending upon any paralytic condition of any ocular muscle.

The visual axes of the two eyes are no longer fixed upon a given object, but converge or diverge, according to the circumstances of the case, at a certain angle, which remains constant, no matter what point in the arc of a circle the object occupies. Both eyes more freely in unison, the degree of squint remains the same; there is no diplopia; one eye generally, or occasionally either eye alternately, is used for fixing an object, but if that eye be covered the non-fixing or deviated eye moves to the proper place for fixing, followed of course by the covered eye, which becomes then the squinting one.

The immediate cause of this kind of squint is an undue contraction of certain ocular muscles, the internal recti for example, if the squint be of the convergent variety, which kind will be understood as referred to, unless otherwise specified. The ulterior causes of this undue contraction have been held to be:

First. Hereditary tendency.—Correct, probably, in some instances; but congenital squint must be looked upon as exceptional, and not common. During the first weeks of infancy there is want of co-ordinative power on the part of the child, and its eyes appear crossed, or later there may be temporary squinting of a spasmodic character, due to intestinal or other irritation, which circumstances are remembered by the parents after the eyes have become permanently crossed.

Second. Indistinct vision of one eye from any cause.—The patient is so disturbed by the indistinct image that he endeavors to get rid of it, and succeeds finally in drawing the eye out of line.

That opinion is strongly advocated by Cuignet. Donders, on the contrary, thinks that the intense effort to see more distinctly produces the squint in such cases. It is true that the sight of the deviated eye is usually much deteriorated, but this, in the majority of cases, is a secondary condition, and not a primary one; moreover, I do not believe with Cuignet, that a patient can succeed in disassociating the movements, actions, produced of the recti muscles. He could more easily suppress one image mentally.

Third. Many good, people, including physicians, still adhere to the exploded theory, that looking sideways, at a candle for example, or upwards or backwards, as a child is apt to do when lying on its back, will cause squint, as if the natural use of muscles could be followed by such bad results. If that were the case, I'm afraid that Pike's Opera House would be now the scene of much obliquity of vision among the conferring brethren there assembled.

Such were the profound opinions held even by the doctors until within the past twenty years, when Donders, observing that squinting subjects were also hypermetropic, discovered the relation of the two conditions to one another, viz: hypermetropia, cause; squint, consequence.

If you hold a two-inch convex lens to the rays of the sun they will be focussed at a point two inches behind the lens, but hold a candle six inches before the lens, and its rays will be found focussed at a point three inches behind the lens. The only way to focus the candle rays two inches behind the lens is to increase the refracting power of the lens.

The retina remaining at the same distance, always behind the crystalline lens, it is plain that in looking at a near object the refractive power of the lens must be greater than in looking at a distant object. This increase in the refractive power of the lens is provided for by a circular muscle, the ciliary muscle, located behind the iris. As we look at an object gradually approaching the eye, this muscle operates and gradually increases the power of the lens in order that the rays from the object may be kept focussed upon the retina. This is called accommodation.

The internal recti at the same time operate to keep the two eyes fixed upon the object.

Here, then, are two simultaneous movements, accommodation and convergence, and both sets of muscles engaged receive their innervation from the same nerve, viz: the third pair.

The hypermetropic eye is a shallow eye—the retina, is abnormally near the lens, hence accommodation must be

stronger than is necessary in the emmetropic or normal eye.

Even for distant objects a certain degree of accommodation is called for, but convergence is not necessary, and here is where the trouble begins. The ciliary muscle contracts, the internal recti do the same, but the contraction of the latter brings the visual axes out of line, and double vision results. This double vision and temporary squint are the first symptoms—one of two things follows, viz: the patient is either able to disassociate the two movements, and thus avoid strabismus, or he is unable to do so, and the strabismus becomes permanent, the patient in the meantime having learned to suppress the duplicate image.

In the myopic eye with a long axis, the weaker the lens power the better; accommodation is unnecessary. It is necessary for the patient to approach the object to his eyes, in order to get a clear image; the eyes converge in so doing; convergence is accompanied by accommodation, which is unnecessary and sight-disturbing; hence he must disassociate the two movements, or he refrains from converging to accommodate his want of accommodation. He fixes the object with one eye—while the other diverges from it—producing finally a permanent divergent squint.

Results: One. There is the familiar deformi y.

Two. The disposition of the patient often suffers from sensitiveness regarding personal appearance, and from the constant teasing which children know how to indulge in with telling effect.

Three. The eye becomes amblyopic from non-use, except in the rarer cases, where the strabismus is alternating, either eye being used alternately for fixing.

Treatment should be prophylactic or operative. Prevention is assured by correcting the fault of refraction.

If without converging—in looking at a distant object the patient needs to accommodate, supply him with a suitable convex lens to reinforce his crystalline lens; this relieves his ciliary muscle from the necessity of accommodating, and for

any distance the two movements, accommodation and convergence, become harmonious and strabismus is avoided.

If the strabismus is no longer intermittent, but continuous operative interference will be necessary. The object of an operation should be to restore binocular vision, and for cosmetic effect.

There remains still a great prejudice in the minds of many against an operation, and with good reason. They know of so many whose condition after an operation was worse than before.

The most common defects of an operation are, first, sinking of the canaliculi; second, the eyes still remain as before, or third, they go the other way; fourth, the operated eye stares out prominently and is very limited in movement; fifth, vision is not benefitted, and lastly, and rarely an inflammation sets in which destroys the eye. These defects may, as a rule, be avoided by operating as herein described.

Which eye should be operated upon? Answer.—Both, except in squint of one line or less.

The muscle of the squinting eye is usually described as shortened. Bourier found in some cases shortening and hypertrophy of one muscle, but in the greater number of cases it will be found that under *Chloroform* the eyes assume the normal position, and, secondly, that in reading the squinter holds his book toward the nasal side of the fixing eye. The opinion is therefore expressed that there is no actual shortening of either muscle, but that there is an exaggerated contractile power, a tendency to convergence of both, and that the necessity for fixing with one eye makes it appear as if one eye alone were affected.

Anatomy.—The internal rectus has its origin to the nasal side, or a tangent from the inner extremity of the diameter would pass through the origin.

Its effect ceases when the insertion arrives at the normal location of the diameter.

If one eye be operated, the result would be unsymmetrical; both operated the attachments of the two muscles would be symmetrical.

Each eye can move through an arc of forty-five degrees, or ninety together; but suppose in a case of strabismus that one eye deviates three lines or thirty degrees. The mobilty of the eye is then forty-five and fifteen degrees respectively, or sixty in all.

No operation upon the squinting eye will increase its degree of mobility; the deviation inwards may be corrected, but its mobility will still be fifteen degrees. Nor will any operation upon one or both increase the mobility of the two beyond the sixty degrees.

It is quite plain that the parallelism of the axes can not be maintained under such circumstances. The one eye moves freely; the other remains comparatively stationary.

If the fixing eye be operated on so as to reduce its mobility fifteen degrees, the other eye gains that amount immediately so that each muscle can move its eye through an arc of thirty degrees, or sixty together, as before. It must be understood that after an operation each muscle remains just where it was before; does not recede, as is thought by some, but the cornea advances and the muscle receives a more posterior attachment.

For a squint of three lines then operate upon the squinting eye, so as to reduce the deviation to one and one-half lines. Operate afterwards upon the fixing eye in the same degree, which not only corrects the remaining deviation but also equalizes the degree of mobility of the two eyes. There will be a limit to convergence, however, which will not interfere materially with the patient's comfort. Being hypermetropic, he has no necessity for bringing objects very close to his eyes. He should wear, after the operation, suitable spectacles to relieve the strain upon his ciliary muscle. If the centre of these lie a little within the pupillary centers, the glasses act as prisms, which remove a little of the burden of convergence from the operated internal recti.

Before operating, it is well to practice the deviated amblyopic eye many times a day, a few minutes at a time, by bandaging the fixing eye. The improvement in vision secured by this method is sometimes very marked, and the probability

of getting better results from an operation are proportionately increased.

Sometimes before an operation it is noticed that one eye of the patient seems smaller than the other, is either less prominent or the lids are less widely opened. In such a case if the greater correction be apportioned to the less prominent eye, the result is more satisfactory from a cosmetic point of view. Care should be taken not to operate upon the more prominent eye, especially if but one operation should be deemed necessary.

If both eyes are prominent both eyes should be operated upon. It would be well to consider in such cases the advisability of operating according to another plan, (an American idea too) viz: to shorten the external recti by cutting off a portion of the tendon and re-attaching to the stump.

This methed of operating for all cases has been highly lauded by some Norwegian oculists, but my experience with this method has not been sufficient to induce me to recommend it without reserve.

It is to be hoped that our operators will investigate such a promising theory.

The mobility of the eyes would certainly be nearer perfect after this operation.

Method of operating.—Attention is called again to the anatomy of the eye. The ball is enclosed in a fibrous capsule which becomes continuous with the conjunctiva in front. Anterior to the equator the capsule is attached to the sclerotic by delicate fibrous processes.

The ocular muscles penetrate the capsule at the equator, and are there firmly attached to it; the tendon of each muscle is attached further forward to the sclerotic. If the tendon should be detached from the sclerotic without disturbing the integrity of the capsule, the effect would be nil, or nearly so, according to the degree of firmness of the capsular fibers.

If a very limited effect is desired it is recommended to make the conjunctival incision parallel to the muscle If a greater effect is desired, pinch up a fold of conjunctiva beween the insertion of the tendon and the cornea, make a vertical

incision of about one-eighth of an inch, insert the point of the scissors, and loosen the attachment of the capsule by snipping the fibrous processes, more or less, according to the effect desired.

The hook may now be inserted and the tendon severed, as described in any of our text books. The gaping of the conjunctival wound allows the advance of the cornea in proportion to its extent. Incise the wound upwards and downwards, if necessary, to increase the effect, then put in a suture superficially, and bring the conjunctival edges together for the same reason that you would take a stitch in any other gaping wound.

The English operators recommend the subconjunctival operation. Liebreich separates conjunctiva and capsule far back, and professes to cure by one operation, but the undue prominence of the ball, and want of mobility remain as monuments of want of success.

Snellen wants to see what he does, and makes a longitudinal incision over the muscle till behind the caruncula, which he, like Liebreich, separates from the subjacent tissues. The edges of the wound are kept apart by retractors, and the tendon excised in full view. I can recommend this plan, and submit the paper to the society.

General Clinics.

Clinical Cases of Eye and Ear Diseases. Reported from Dr. Wilson's clinic, at Ann Arbor, in the Homœopathic Medical Department of Michigan University. By J. C. Wood, M. D., Assistant to the chair of Theory and Practice.

CASE XVI.—TRAUMATIC INJURY TO THE LEFT EYE.—Miss McC. presents herself this morning with the following history: Two days ago, while

washing clothes, she took a small towel and snapped it sharply several times. She felt a sudden pain in the left eye, but it was not until several minutes afterward that she discovered a pin sticking through the upper eye lid. It somewhat resisted extraction, but after taking it out she experienced very little pain. On account of the redness of the eye and dimness of vision, she consults us this morning. The appearance of the eye presents a slight injection of the entire conjunctiva.

At the centre of the upper lid there is a small ecchymosed spot showing where the pin entered. Upon the under side of the lid the point of exit could be easily seen in a point of considerable laceration. But upon the eye ball no sign of injury could be discovered. The pupil was medium size and the iris very sluggish. Vision noted ten-twentieths. This shows the sight reduced one-half. But the most remarkable fact was the extreme softness of the eye ball. We would say the tension, equal — 5. It was so soft as to collapse under the points of the fingers. She also gave as a subjective symptom "rings of light." Upon ordinary inspection this would have passed as a slight and transient injury, which might be followed by recovery in a few days. Prof. Wilson pointed out to the class the great importance in cases of this sort, of giving attention to intra-ocular tension. Any marked deviation from the normal tension might be set down as a matter of great gravity. This fact duly noted by the surgeon would place him upon his guard both in diagnosis and prognosis. We can say of this case, that while to all external appearance it seems simple—a trifling injury as might be thought, yet the extraordinary softness of the eye ball renders it certain that great injury had been done to the inner parts of the eye. From what we know of the diseases of those parts, we place the lesion in the choroid. We do not know that the point of the pin entered the ball; most probably it did, though the result is perhaps the same in either case, whether it entered or only struck the sclerotic with violence.

The nature of the injury we can not determine until we have made an ophthalmoscopic examination, and we may even then be left somewhat to conjecture. Later this case was examined with the ophthalmoscope, after dilatation of the pupil.

There was nothing special revealed but a turbid vitreous which clouded the fundus. It was quite certain, however, that there was no detachment of the retina; nor did there appear any blood extravasations in the inner parts. We are not able to say what changes the choroid has undergone altogether, but it seems probable that the vessels have rapidly emptied themselves into the vitreous chamber, as shown by its cloudiness. Yet, upon the whole, absorption seems to have reduced the contents of the globe, so that the tension has greatly fallen off. Our prognosis is unfavorable, but we have ordered rest and the use of *Arnica* 30, to be taken three times a day.

This patient continued under our care for nearly a month, and was discharged cured.

CASE XVII.—INF. LACHRYMAL SAC.—We have before us a typical case, about which there is often much unnecessary misunderstanding and needless suffering.

Mr. Crabb, from Nashville, is suffering from acute suppurative inflammation of the left lachrymal sac. His face is considerably swollen at the usual place, namely, the inner corner of the eye, and side of the nose. It is caused by an abscess which we find to be distended by pus. This patient is brought to us by his physician, Dr. Barber, who perfectly understands his case, but who prefers to submit him to such care as he can get in our new hospital. Prof. Wilson immediately evacuated the purulent accumulation, much to the immediate relief of the patient. This is done by a free incision through the integument, followed by a thorough syringing of the parts, after which a considerable piece of cotton is crowded into the cavity and left to protrude through the opening just made. This case, under the care of the house surgeon, Dr. Wheeler, and his assistant, was treated daily to careful syringing night and morning, and the administration of *Silicea* 30 twice a day, until the swelling and suppuration were gone. It would have been an easy matter to have discharged this patient at this point as cured. But the mistake would have been discovered before long by a return of all his former symptoms and an acute suppuration of the sac.

The pathology of this case rests largely upon a stricture of the nasal duct. Until this is broken up there will be no radical cure. Many patients and their doctors are deceived by the spontaneous improvement and apparent recovery of such cases. They seldom fail to find a repetition of the inflammatory process and so again and again the sac gathers and breaks until, as sometimes happens, the bones of the orbit or face become involved through necrosis.

In some cases the swelling and redness are so great that physicians mistake such a case of dacro-cystitis for facial erysipelas, and so occasion for themselves and their patients much unnecessary apprehension of mind. It should not be forgotten that we rarely find the lachrymal sac acutely inflamed before there has occurred a chronic inflammation, which may be easily detected by the blenorrhagic condition which accumulates in the sac and prevents the tears from flowing in their natural course and forces them over on to the cheek. This is a condition generally present for months before an acute outbreak. Were patients wise they would secure relief from this chronic catarrh of the sac, and not wait until an outbreak came on, with much needless suffering. To be sure, all patients having this trouble in its chronic form do not suffer from acute attacks, but they are liable to it, more especially during the cold seasons of the year. The treatment of such cases has radically changed within the last few years.

Formerly patients suffered more at the hands of the surgeon than they did from the disease. The old fashioned tubes that were worn in the face and never cured, though they caused great distress, are easily remembered

by many elderly people of to-day. All this is now avoided, as will be seen by a detail of the methods instituted in the case of this patient.

The operation consisted in carefully distending the punction of the upper eye lid until the blade of a probe pointed pair of scissors could be carried in down to the sac, and the canal was laid open by a quick stroke that scarcely hurt the patient. After this it was not difficult to pass silver probes of various sizes down the sac, until the stricture was reached and gently opened, and the probe passed into the nose. After this we sometimes pass in a silver hook with its curved end hanging over the edge of the eye lid, and leave it there for several days, or it may be weeks, and the parts readily heal up, and the channel then remains open and the case is cured. We prefer, however, to pass in various sized probes, one each day, or every second or third day, and to continue this it may be for a month or two, and, in this way, secure perfect recovery. It is seldom much can be done at a single sitting, or by one operation. In these cases patience is required, and patience has its sure reward. And since so little pain is now experienced in the cure it seems a pity so many cases are left unrelieved.

MAY 29TH, on the return of an excursion party, a boy was lost overboard. The mother was convulsed, also another lady whose child was thought to be lost. The last lady's condition was that of extreme excitement when I called upon her. I found her walking the yard, wringing her hands; said her hands and limbs were "so numb." She had no pain anywhere, did not know she had a heart, felt very faint, had not eaten much the day before, nor slept hardly any during the night, being apprehensive of danger to the excursionists; pulse not perceptible during nervous spell, but came up quite full and strong as soon as it passed off; menses stopped. After trying one or two remedies without relief, I gave *Verat. vir.* tincture, a few drops in one-half glass of water, teaspoonful every fifteen minutes for three doses, when the paroxysms came less frequently and less severe; then I gave the remedy less often. I advised her to eat something to fill the stomach. I left her quite comfortable, with orders not to let any one come near that day as it seemed to bring on a paroxysm. Next morning called, found her nervous, still faint, did not sleep for fear she would die if she moved; menses reappear-

ed, and on the whole much better than when I left her the night before. We are taught that *Acon.* or *Gels.* are the the best remedies for such a condition, but if ever I see such a case again I shall not forget the *Verat.*—D. E. FORISTALL, M. D., Lyons, Ia.

PLUMB. ACET.—I wish to report a clinical verification of a symptom, or condition I should say, which is given in materia medica as indicating *Plumbum.* The patient was a man who had been troubled for about three years with obstinate constipation, and would go for a week without a passage from his bowels, and would have gone longer but he always took some cathartic to move them, and all the time he suffered with severe colic, and drank large quantities of whiskey to relieve it. He was finally taken sick with congestion of the brain and jaundice; the congestion was produced by the quantity of whisky he had drank, as aside from the jaundice he had marked symptoms of delirium tremens. An allopathic physician was called, as he thought homœopathic remedies were too weak for him. He treated him for a week and he got out for a day or two, but was taken down again worse than ever, and by the persuasion of his family he sent for me. He was sleepless and was worn out with *Bromide of potash* and *Chloral*, and I gave him *Coffea* which gave him sleep. He had taken six one grain *Podophyllin* pills, followed next day by two *Seidlitz powders* and an injection, but no response from the bowels. I relieved him temporarily with a rectal injection, and then on account of long and obstinate constipation in connection with severe colic, I gave *Plumbum acet. 3x* trituration, every four hours for two weeks, but by the third day his bowels moved without physic and have continued to be regular ever since, which was three months ago.—J. C. KILGOUR, M. D., New Richmond, O.

Miscellaneous.

The Relation of Food to Physiology and Pathology. By J. A. Gann, M. D., Wooster, O. Read before the Homœopathic Medical Society of Ohio.

"What may I eat? what else may I eat?" are questions frequently more easily asked than answered. Especially is this true in cases that have proved of long duration; and in which the delicacy and requirements of the system and the impatience of the patient are in inverse ratio to each other.

In the acute, self-limited diseases to which our systems are subject, nature very frequently renders the questions unnecessary, either by removing all desire for food, or creating a positive aversion to it. But such cases are either of short duration, or of unusual occurrence; and it is the average case —that in which food is an important factor—that at present concerns us.

In the acute diseases nature is generally her best interpreter. When the system is racked with fever, when thirst unquenchable is adding its torments, when waking or dreaming (if sleep be possible) the one and only cry is water, how often like magic does water—craved both by inner mucous and outer cutaneous surfaces soothe—though it be but temporarily, yet how frequently completely the conflagration of the elements raging within. Then, truly, would "wine be a mocker," and food, as ordinarily prepared, but add to the febrile ragings. The one cry of nature is, "put out this burning," and for this, "water, water."

Disease is an unnatural condition, yet, though unnatural, it uses those forces belonging to nature; but the health force having lost the balance of power, the life forces are left to spend themselves until complete transformation, resulting in death, ensue; or until the storm having spent its fury, lies prostrate, awaiting nature's efforts at reparation.

As in health, the elements of self-perpetration are not generated *de novo* in the system; and, as in health, the constant

addition of externals is necessary to the continuance of vital phenomena; so in disease must external forces be called into requisition to aid nature in her efforts to free herself from these morbid conditions.

Physiology is an active, living force, ever ready for work, and only waiting the guiding suggestions of pathology to tell where and what kind of work to do. Hence the importance of discrimination in the selection of material with which physiology does its work.

Though all food undergoes a certain degree of transformation in digestion—some greater, some less; that there are articles which furnish certain properties in abundance, which others do but sparingly, is also well known. Now disease, at least in its early stages, is but a modification of the phenomena of life, either in excess or deficiency; and the question in the treatment of every disease is: In what respects are the phenomena of life changed; what remedies, and what food will most speedily restore the natural action?

We would scarcely think of giving wine, and eggs, and beef in brain fever, and in pleurisy; and yet the temperature might be just as high, and the pulse as frequent as in typhoid fever or malignant diphtheria, where we might give them.

I imagine we fail many times in effecting cures, because we rely wholly on art and not at all on nature. We classify our remedies according to the tissues invaded, or the structures involved; and since we must build with what we get, does it not seem of some importance that at least we do not embarrass nature in her efforts at repair, but, instead, assist her by a carefully selected, classified diet?

Now diseases are classified as organic, in which the structure itself of the organ is involved; and functional, in which there is only deranged action.

We call no disease organic, however much the action of the organ may be embarrassed, in which there is no actual change of structure; all threatened change we term functional. It is obvious that the line of demarkation between organic and functional is in many cases not clearly defined; but upon its early recognition and prompt treatment, both by regimen and

therapeutics, depends much of the success in treatment. Probably all diseases are at their commencement functional: nearly all functional diseases may become organic. We have seen the ease with which many functional diseases are checked by the prompt application of the proper functional remedy; we have seen how organic disease may be benefitted by proper organic treatment. Now, while there are some remedies almost entirely functional, as *Ac.*, *Bry.* and *Rhus.*, there are others as distinctly organic, as *Calc.* and *Sulph.* The great majority of our remedies being either more distinctly the one or the other.

Nature is uniform. If she demands a certain class of remedies for a certain class of diseases, she also demands a certain kind of food for the repairing or alleviation of tissues that are suffering. Is it the highly sensitive tissues that are involved in some acute attack—the eye, the brain, the lung? Our quickly acting remedies and our liquid soothing diet are demanded; and the difficulty acknowledges the counter-check, and the battle ceases. But has disease struck a heavier blow —is the eye ulcerated; is the brain breaking down; is the lung unable to perform its wonted office, and prostration threatens? Bring out the more deeply acting remedies, and with these the correspondingly more nourishing diet of wine, eggs, beef tea, etc.; for it is no longer functional, for the blood is being devitalized, and nature must be materially assisted in its efforts to throw off the disease now wasting.

Each organ in the body has its own office to perform, nor can it long delegate its office to another. Each organ, too, has its pathology, healthy or morbid, its physiological arrangement and composition differing from all the other organs, though in some cases but slight. Hence the importance of furnishing a food best adapted to its wants in health and disease.

Now "Food has been defined as a substance which, when introduced into the body, supplies material which renews some structure or maintains some vital process." "Medicine modifies vital action but does not supply the material which sustains such action. A supply of suitable food is therefore essential during the medicinal treatment of disease."

The office that an organ may be able to do perfectly in health, it might be but poorly able to do in disease. One can readily see that "while the body is feverish, the mouth dry, the thirst great, the pulse accelerated, very little gastric juice is secreted. In such cases we would not think of giving food requiring the solvent powers of the gastric juice for digestion."

The relation of food to physiology and pathology requires a knowledge of the function of each organ, a chemical knowledge of the products evolved, and chemical knowledge of the food used by the organ.

A disregard for the functional capabilities of an organ is the great cause of disease. Perhaps in no instance is this more marked than in dyspepsia. Here disregard of nature's ability becomes manifest in deficient acidity, excessive acidity, excessive secretion of mucus, torpidity of glandular structure, impaired nervous energy. Hence the importance of selecting that which can be most readily appropriated, until by proper treatment—regimenal and therapeutic—nature can perform her wonted office properly.

"In the healthy organism meats, farinaceous foods, and vegetables, in the order named, constitute the links in chain of digestibles."

Under a meat diet there is a greater secretion of gastric juice; under a vegetable diet a greater flow of saliva. Animal food increases the amount of fibrine in the blood, the phosphates and other salts; also the number of red corpuscles. Wheat, which supplies more completely than any other article of food, the ingredients demanded by the human economy, is greatly impaired by the process which removes the nitrogenous properties of the flour, in order to produce the white appearance. By this process the most essential salts are removed.

In remittent, intermittent and typhoid fevers; in small-pox and other cutaneous diseases; in pneumonia, pleurisy, rachitis, scurvy, anemia, chlorosis, scrofula, rheumatism—each has its pathological condition, and in each are peculiar products evolved; and as certainly as each demands its own medicinal

treatment, just as certainly does each demand its supply of proper food.

In each case should the physician select the diet; but how without a knowledge of the pathological condition and function of the organ involved can "he give a reason for the hope that is within him."

Illustration of our thought we quote from Chambers' on consumption:

"Leave the respiratory organs alone, and direct your thought to the organs of nutrition—the stomach and bowels, which will receive with thankfulness, and return with interest, any care you may bestow upon them.

"It is truly by aid of the digestive viscera alone that consumption can be curable. Medicines addressed to other parts may be indirectly useful sometimes, but they more commonly impede recovery. Your aim should be to get the greatest amount of albuminous food freely digested, and applied to the purpose of the renewal of the body; at the same time that the renewing agencies are brought to their highest state of efficiency. In this way a healthy cell renewal takes the place of that morbid, imperfect cell renewal which appears in the form of tubercular matter."

The physiologists and pathologists are doing much for us. The test-tube and microscope--those eyes of medical progression—are peering deeper and deeper in their researches for ultimate causes. That mysterious something, called life, has been pursued so far that cell life has revealed its nucleus, and nucleus its nucleoli; and the battle-line of science is now contending in the very atmosphere of the first breathings of organic life.

This cell life demands food; with what will you feed it? Cell life is in us; we live in cell life; and like Hiawatha's bow and cord, "Useless each without the other."

Another Conversion. From The Louisville Courier-Journal.

An incident of the recent session of the Kentucky State Medical Association was the presentation to the body of the resignation of Dr. A. Given, a physician of this city, who gave as a reason for retiring from membership in the Association that he had been convinced of the soundness of the claims of the homœopathic school of medicine, and had determined to become a practitioner of that school. Dr. Given has been a practicing physician in this city for fifteen years, and is a graduate of the Chicago Medical school, where he was taught by such well known professors as Dr. N. S. Davis and Dr. Byford. The following is the paper of Dr. Given accompanying his resignation:

MR. PRESIDENT AND GENTLEMEN OF THE KENTUCKY STATE MEDICAL SOCIETY—I herewith avail myself of my privilege as a member and tender to this honorable body my resignation. In taking this step, and in parting company with your society, I consider it a duty I owe to my many friends in the profession to give some of the reasons which have induced me so to do.

As most of you know, for the last twenty-one years I have been an active practitioner of the healing art, and a close student of theoretical and clinical medicine.

The result of my investigations has convinced me, first, that there is a vast difference between the theory and practice; that before one can successfully *practice* medicine he must unload much of the *theory* with which the so-called medical science has crammed him; second, that in the allopathic profession we have no law of cure; third, that we are progressing (therapeutically) backward, illustrating the truth of Lord Bacon's remark, "that the medical profession was like a treadmill, and that about once in a hundred years it came around to where it started from."

Safe in the truth of these convictions, and convinced that there must be in nature some law of cure, some missing link which was to complete the chain of a true medical science, I began by investigating Homœopathy and let not your lips curl in derision when I tell you that I found a new world in medicine opened up before me. I found there what has caused the investigating, intelligent public to require many of us to discontinue heroic treatment and give smaller doses. I found there ideas and remedies which had been given us as representing the advanced thought and intelligence of our own school, taken—stolen of whole cloth—and palmed off on us as original matter.

Ringer's new Therpeutics is saturated with plagiarisms from Homœopathy from beginning to end. Bartholow's Therapeutics, so highly recommended for students, is by no means free from suspicion.

I found in Homœopathy a law of cure as unchangable as the law of nature. I found a profession of over six thousand members, embracing the highest order of talent, and comparing in education favorably with our own. I found their patrons were among the most intelligent portions of the community. I found it represented by eight medical schools, by hospitals and dispensaries in abundance. I found it represented in the Government appointments and State appointments all over the country. In New York alone I found them in possession of that magnificent charity, Ward's Island Hospital. I found there a State Homœopathic Insane Asylum that cost a million, and that the Surgeon General of the State was a homœopath.

I might fill a volume with the conquests which this new system has made. I have also gathered many clinical facts which I had hoped to lay before the profession, and to demonstrate that the large and continuous dosing of patients, as practiced by so many of our school, was not only useless, but positively injurious; but I know you will not listen; suffice it to say, that my experience with homœopathic medicines has convinced me that patients recover under its use more quickly and safely than under any other. The vitality of the patient is economized, and, when the disease is cured, he is well. There is no long, tedious convalescence to pass through. These clinical facts I laid before some of my medical brethren in the hope of inducing them also to investigate; but I soon found the scales removed from my eyes, and that my dreams of a reformation in the heroic dosing of my profession were a delusion. They would not listen. I found that I had aroused the bigotry and prejudice which have ever fettered our profession from the days of Harvey, Jenner and Hahnemann.

In view of this fact, I shall not longer tire you with a description of the advantages offered by Homœopathy, but will conclude by saying that since I entered the profession I have never, knowingly, deviated from the code of medical ethics, although I have often felt that the code was too stringent. It forbids me to recognize as orthodox any other school of medicine than that of the allopathic. It would not allow me to consult with a physician, no matter how learned and skillful he may be, unless he be an allopathist. This I consider arbitrary and unwise, and often detrimental to the sick.

I believe it to be the privilege and the duty of every physician to search for medical knowledge in every country and clime, and to gather clinical instruction from every source, no matter from whom it is obtained.

I know of no law, human or divine, excepting the law of the Code of Ethics of the American Medical Association, that will hinder or restrict a true-hearted, intelligent physician from using every means that a kind Providence has placed within his reach for the alleviation of the sick. Hence I can no longer obey that code, or allow it to control my conscience.

I do not disguise the fact that the contemplation of this step has caused me many anxious hours, for I knew not how it might affect me pecuniarily; but duty compels me to sever my connection from your honorable body.

I shall always remember with pleasure the kind treatment I have received from my medical brethren, and the many kind words they have spoken in my behalf while struggling to establish a practice in Louisville. Thus in taking leave of your society I can only hope that the day is not far distant when the shackles may be broken and that a progressive spirit may prevail in the profession, and that many of you, at least the younger members, may investigate the true law of cure, and no longer withhold its curative power, especially from the delicate female and the tender infant. Or, young men, if you can do no more, put forth your efforts to stop that system of heroic dosing and hypodermic medication, which is sending many to untimely graves, filling insane asylums and inebriating a world.

Let your united voices be heard in condemnation of that pernicious habit of keeping infants drunk on opiates, soothing syrups and whisky from the time they enter the world until they leave it.—A. GIVEN, Louisville, Ky., May 5, 1880.

Therapeutical Notes, as Verified by Dr. A. H. Ehrman, Cincinnati, O.

Sepia—Constant and painful empty sensation at the pit of the stomach; increase of nausea at the smell of food.

Belladonna—Tongue coated white; nausea with empty retching and gagging; severe pain in the hollow of the right knee, worse in the evening and at night; could not lie in bed on account of the pain.

Phosphor—Desire for cold food and drink, but on becoming warm nausea and vomiting.

Grindelia robusta—Asthma; difficult breathing, when on the point of going to sleep he is suddenly aroused by a feeling as if the breath would stop.

Rhus tox.—Sensation of trembling in the stomach.

Indigo—Whooping cough, violent paroxysms inducing vomiting; bleeding of the nose from coughing; sneezing.

Creosotum—Neuralgic affections of long standing; tearing pains, very severe.

Capsicum—Sleeplessness after midnight; dreams of falling from height. (*Dig., Gels.*)

Petroleum—Hardness of hearing; noises in the ears; paralysis of the auditory nerve; fistula lachrymalis.

Podophyllum—Perspiration of the head during sleep, with coldness of flesh during teething; grinding of the teeth at night.

Colchicum—Rolling of the head from side to side; the stomach feels icy cold. (*Podoph.*)

Sulphur—Difficulty of falling asleep on account of ideas crowding the mind.

Creosotum—Eruptions on the face and forehead.

Manganum—Bones very sensitive; aggravation from lying on a feather bed; asthmatic patients.

Arum tri.—Children pick their fingers, their skin, their lips.

Causticum—Complaints arising from the effects of grief; muscles shortened; motion difficult.

Aethusia cyn.—Scrofulous ophthalmia; swelling of the meibomian glands; chronic inflammation of the edges of the eyelids.

Sulphur—Goes to sleep late; desire to sleep late in the morning.

Apis—Dreams of flying.

International Hahnemannian Association.

During the recent meeting of the Institute at Milwaukee, a Hahnemann club was formed, and the following was adopted:

Whereas, We believe the Organon of the healing art as promulgated by Samuel Hahnemann, to be the only reliable guide in therapeutics; and

Whereas, This clearly teaches that Homœopathy consists in the law of similars, the totality of the symptoms, the single remedy, the minimum dose of the dynamized drug, and these not singly but collectively; and

Whereas, Numbers of professed homœopathists not only violate these tenets, but largely repudiate them; and

Whereas, An effort has been made on the part of such physicians to unite the homœopathic with the allopathic school; therefore

Resolved, That the time has fully come when legitimate Hahnemannian homœopathists should publicly disavow all such innovations;

Resolved, That the mixing or alternating of two or more medicines is regarded as non-homœopathic;

Resolved, That in non-surgical cases we disapprove of medicated topical applications and mechanical appliances as being also non-homœopathic;

Resolved, That as "the best dose of medicine is ever the smallest," we can not recognize as being homœopathic such treatment as suppresses symptoms by the toxic action of the drug;

Resolved, That we have no sympathy in common with those physicians who would engraft on Homœopathy the crude ideas and doses of Allopathy or eclecticism, and we do not hold ourselves responsible for their "fatal errors" in theory and failures in practice;

Resolved, That as some self-styled homœopathists have taken occasion to traduce Hahnemann as a "fanatic," as "dishonest" and "visionary," and his teaching as "not being the standard of Homœopathy of to-day," that we regard all such as recreant to the best interests of Homœopathy.

Resolved, That for the purpose of promoting these sentiments, and for our own mutual improvement, we organize ourselves into an International Hahnemannian Association and adopt a constitution and by-laws.

Constitution and by-laws were agreed upon, and the following officers and appointments made for the ensuing year: P. P. Wells, Brooklyn, President; T. F. Pomeroy, Detroit, Vice President; J. P. Mills, Chicago, Secretary and Treasurer; E. W. Berridge, London, Cor. Secretary. Dr. Ad. Lippe, Materia Medica; C. Pearson, Clinical Medicine; E. A. Ballard, Therapeutic Surgery; T. F. Pomeroy, Obstetrics and Diseases of Women and Children.

CHLOROFORMING DURING SLEEP.—The possibility of chloroforming a person in sleep, without waking him, having been disputed in a recent murder trial, Dr. J. V. Quimby, of Jersey City, was led to test the question experimentally. The results were presented in a paper before the section of medical jurisprudence at the meeting of the American Medical Association a few days ago. Dr. Quimby made arrangements with a gentleman to enter his room when he was asleep and apply *Chloroform* to him. He did this with entire success, transferring the person from natural to artificial sleep without arousing him. He used about three drachms of Squibb's *Chloroform*, and occupied about seven minutes in the operation. The second case was a boy of thirteen who had refused to take *Ether* for a minor operation. Dr. Quimby advised the mother to give the boy a light supper and put him to bed. She did so, and Dr. Quimby, calling when the boy was asleep, administered the *Chloroform* and performed the operation without awakening the boy. The third case was a boy of ten years suffering from an abscess, and the same course was pursued with equal success. Two important inferences may be drawn from these cases, Dr. Quimby said. Minor surgical operations may be done with perfect safety and much more pleasantly than in the ordinary way, and, secondly, a person somewhat skilled in the use of *Chloroform* may enter a sleeping apartment and administer *Chloroform* with evil intentions while a person is asleep. Hence the use of this drug in the hands of a criminal may become an effective instrument in the accomplishment of his nefarious designs.

CORN MAGNETS.—Every kind of salve or lotion that is supposed to remove or relieve corns meets with a large sale. Corn files and pencils are

getting stale, and an enterprising inhabitant of Dresden has lately brought out what he calls a "corn magnet." It is evident that it is as unlike a magnet as possible, for an examination shows that it is made of *Sulphur* colored with *Graphite.* The directions are to set fire to one end, and let a drop of the melted *Sulphur* fall upon the corn. A convenient and agreeable operation, especially if the corn is on the bottom of the foot. It is needless to say that the corn usually survives the slight burn, and lives to torment the owner again. All burns, whether by caustic or otherwise, should be avoided.

MEMPHIS RECLAIMED.—It is reported that Memphis is at last clean, and so far worthy of exemption from further epidmics of yellow fever. Twenty miles of sewer pipes have been laid already, and over seven hundred men are now at work for the district government. Thirty miles of sewers will be finished by June 1. This will nearly complete the sewer system. In addition, an equal number of miles of drain tile have been laid. Aside from sewerage and drainage, mention must be made of the cleaning and filling of vaults, the demolition of hundreds of old buildings, the tearing up of the Nicolson pavement, the cleaning up of cellars, and the general renovation of stores and dwellings.

PERSEVERANCE WITH THE DROWNED.—In a recent communication to the French Academy, Professor Fort asserts that he was enabled to restore to life a child three years old, by practicing artificial respiration on it four hours, commencing three hours and a half after apparent death. He mentions also a case in which Dr. Fournol, of Billancourt, reanimated, in July, 1878, an apparently drowned person by four hours of artificial respiration begun one hour after the patient was taken from the water. At this season, when cases of drowning are apt to be frequent, the possible benefit that may come from a persevering effort to revive victims of drowning, should encourage friends not to despair of their resuscitation, even after several hours of seemingly fruitless labor.

FATAL EFFECTS OF FOG.—A single week of raw and densely foggy weather more than doubled the death rate of London, compared with the average for the corresponding week for the preceding years. The weekly reports of the Registrar-General show that the annual death rate had risen steadily during the three weeks preceding the foggy period from twenty-four and six-tenths per thousand to twenty-seven and one-tenth and thirty-one and three-tenths; then it bounded to forty-eight and one-tenth, a rate higher than had been recorded since the cholera epidemics of 1849, 1854, and 1866. While the increase in deaths in the West End districts of the metropolis did not exceed thirty-two per cent, in the crowded quarters at the East End it was equal to eighty-three per cent. The largest number occurred among people past sixty years.

A STRANGE EPIDEMIC.—On the night of Tuesday, June 15, a remarkable epidemic fell upon several towns in western Massachusetts, the town of Adams suffering most severely. Out of a population of six thousand, several hundred—variously estimated from six hundred to over one thousand—were prostrated by a disease resembling cholera morbus. The symptoms were first dizziness, then great nausea, followed by vomiting and prolonged purging, and in some cases delirium. A belt of country two or three miles in width and several miles long was thus afflicted, beginning at the west, the whole number of victims being estimated at from one thousand two hundred to one thousand five hundred. No deaths are reported.

The cause of the epidemic is not known, but seems most likely to have been atmospheric. For some time the weather had been dry and hot. A heavy local rain fell during the evening, and was followed by or attended with a sudden and great lowering of the temperature. A chilly fog hung over the belt of country invaded by the disease, and a heavy "swampy" odor and taste were in the air.

The malady reached its climax in about twenty-four hours. It was first suspected that the water supply had been somehow poisoned, but many people who had not used the water were prostrated, while others who used it freely escaped. Adams has hitherto been regarded as an exceptionally healthy town, and the surrounding country is high and wholesome.

Book Notices.

Old-School and New-School Therapeutics. By Frederick F. Moore, M. D. (Harvard), formerly House Physician in the Massachusetts General Hospital, Member of the Massachusetts Medical Society, etc. Read before the Cambridge Society for Medical Improvement, Boston, Mass. Pp. 60. An Old School view of Therapeutics.

We have had more pleasure in reading this brochure than any that has emanated from the old school. Its author takes a strictly judicial position,

and arrives at what we regard the truth. His position characterizes the independent investigator, and presents the evidence deducible from the current literature, and the experience and opinions of men liberally educated, capable of making intelligent observation not influenced by the prejudice that so characterizes all reviews of Homœopathy by individuals not in unison with it. Were writers to present papers on other themes that show so little investigation and research upon the subject as many do who write upon Homœopathy, their discourses would be rejected as unworthy a moment's consideration.

We favor the division the author has made of the medical fraternity into Old-School and New-School. The common school has assumed so many titles that it is difficult to obtain their consent to be recognized for a considerable period of time by any title. They are generally known as the Regular, Rational or Allopathic school, but they glory in announcing their age, and intelligent observers can readily perceive that they are old and in their decline. It is certain new things have a freshness about them, and are not compelled to use agencies that have for years been rejected. Progress is the order of things. That which does not progress is old. We commend this discourse to all, and that they may fully appreciate the author's effort, recommend the remittance of fifty cents for a copy. We take pleasure in presenting some excerpts from the work, and wish space permitted its entire presentation:

"Thus traditional medicine tacitly acknowledges the truth of the law '*Similia similibus curantur*,' and has reason to be well satisfied with the results obtained by the practice of a kind of rude Homœopathy. Prevented by its bigotry and prejudice from candidly investigating and openly avowing its belief in the principles of Homœopathy, conceitedly imagining itself to be the source and origin of all that is good and true in medicine, it nevertheless shows itself ever ready and eager to take up with these "clinical facts" which this much-derided homœopathic method has made known, and which would not, in all probability, have been discovered by the old-school methods for hundreds of years, if the past is any criterion."

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"In all the departments of medicine, with the exception of this one of therapeutics, the two schools of medicine stand upon common ground. Anatomy, physiology, chemistry, and all the other branches of medical science are just as essential to the one school as they are to the other. It is in the domain of medical treatment that the two schools are found to differ so widely: the homœopathic school believing that they have discovered a definite principle to guide them in the selection of the remedy; while the old school assert that this is not so, and that no therapeutic law has yet been discovered, if indeed such a thing is possible. The homœopaths appeal to clinical experience, as having firmly established the truth of their principle; and as the old school has not yet, excepting in isolated

instances, conscientiously and carefully subjected the matter to this test of actual experiment, their assertions are almost wholly gratuitous, and the burden of the proof now rests fairly with them.

"It is constantly being asserted that the position maintained by the homœopathic body is sectarian and exclusive. Wherein is it so? It is only just that they should be allowed to speak for themselves in this matter. In the annual address delivered before the American Institute of Homœopathy, in 1878, by its president, J. C. Burgher, M. D., is found the following statement: 'While we have inscribed Homœopathy on our banner, and adopted for our guide the law '*Similia similibus curantur*' in the selection of our remedies, we exclude nothing, but embrace everything, claiming the right of *every* physician to employ what, in his judgment and experience, is the very best means to relieve and cure his patients. We accept the teachings of Hahnemann only so far as our experience and observation have proved them to be correct, and reject whatever investigation has shown to be erroneous. His untenable hypotheses form no part of the great truths implied in the comprehensive word HOMŒOPATHY, which enlists every principle in the wide range of medical science, and every fact in the broad realm of observation and experience.' As a matter of fact, then, there is nothing sectarian or exclusive about Homœopathy. But are we quite sure that our own position is entirely free from sectarianism and exclusivism? It is to be feared it is not. The fact is, the seemingly sectarian position of our homœopathic colleagues is not one of their own seeking, but one rather that has been forced upon them by our own bigotry and intolerance; and so long as it exists it will continue to be a standing reproach to our own venerable body.

"How frequently do we hear it said by physicians of our own school, that 'Homœopathy is fast dying out,' that 'it is already dead in Germany,' (just as if any kind of treatment was very much alive in Germany)! Homœopathy is not 'dying out,' and is not likely to, judging from its present condition. But why should it die out? Because, it is said, it is 'mere theory,' having no foundation in fact. Let us see if this is so.

"In 1846, Sir John Forbes, M. D., F. R. S., one of the 'bright and shining lights' of the old school, and editor of one of the leading old school journals in Europe, said, 'The days are long past in medicine when anything merely theoretical could claim prolonged attention. No doctrine, however ingenious, not based on positive, demonstrable facts, will any more be regarded but as a piece of poetical speculation, which may indeed amuse the fancy, but can never influence the conduct of scientific men, much less of practical physicians.' But Homœopathy comes before us in a much more imposing aspect, and claims our attention on grounds which can not be gainsaid. It presents itself as a new art of medicine, as a mode of practice utterly at variance with that long established in the world, and claims the notice of mankind on the irresistible grounds of its superior

power of curing diseases and preserving human life. And it comes before us now not in the garb of a suppliant, unknown and helpless, but as a conquerer, powerful, famous and triumphant. The disciples of Hahnemann are spread over the whole civilized world. There is not a town of any considerable size in Germany, France, Italy, England, or America, that does not boast of possessing one or more homœopathic physicians, not a few of whom are men of high respectability and learning; many of them in large practice, and patronized especially by persons of high rank. New books on Homœopathy issue in abundance from the press, and journals exclusively devoted to its cause are printed and widely circulated in Europe and America. Numerous hospitals and dispensaries for the treatment of the poor on the new system have been established, many of which publish reports blazoning its successes, not merely in warm phrases, but in the hard words and harder figures of statistical tables. The very fact of the publication of a third edition of such a large and extensive work as Dr. Laurie's, proves how widely the practice is spread among the public generally. The last triumph which Homœopathy has achieved is the conversion of the professor of pathology in the University of Edinburgh from the old faith.' This was in 1846, since which time Homœopathy has been steadily progressing.

"The great truths of Homœopathy are:—

"1. The single remedy.

"2. The proving of drugs on the healthy.

"3. The small dose (not necessarily infinitesimal).

"4. The administration of drugs in accordance with indications drawn from the law '*Similia similibus curantur.*'

"These principles are both logical and scientific; and the therapeutic method which rests upon them must eventually be recognized as one of the established truths of medical science.

"In conclusion, gentlemen, what course should we pursue in regard to this whole subject of Homœopathy? Is not our duty clear? In spite of every obstacle this great truth has continued to grow, gaining strength by the way, until at the present day it has assumed such magnitude as to force itself upon our attention, whether we will or no. Is it not incumbent upon us, then, as a liberal and progressive body, to give the subject careful and unprejudiced investigation, and openly and candidly acknowledge the truth to be found therein? Let us, then, extend to our homœopathic brethren the right hand of fellowship, that the reproach of bigotry and intolerance may be removed from us, that the truth may be advanced and the day hastened when medicine will know no schools, but be represented by one body, working with renewed strength and vigor, and with the one aim of advancing medical science and the best interests of humanity."

Editor's Table.

"Two or three months ago a man came into my office and offered to sell me *an infallible cure for rheumatism*, neuralgias, and all diseases of the kidneys, except Bright's disease and diabetes. I told him we homœopaths never indulged in luxuries of that sort; that we we didn't believe in such nonsense. He replied, 'O, you are a homœopath! Let me show you something.' He drew out his book and showed me the names of four members of the Faculty of one of our homœopathic (?) colleges who had subscribed for his celebrated panacea. Next winter these gentlemen will be giving it to their students as good, sound homœopathic doctrine. Look out for them.—McN."

Dr. Alfred C. Pope, of London, has been elected to the chair of Materia Medica in the London School of Homœopathy, Dr. Richard Hughes having recently resigned the position. We congratulate the school on the accession of one of the ablest men, and, in many respects, the most able man in England.

Dr. E. W. Berridge, one of the staunchest and truest men in the British isle was present at the Milwaukee meeting. He carries the banner of Homœopathy "high," and will never see it trailed in the dust.

Dr. J. E. James, of Philadelphia, is rusticating in Europe this summer.

The American Association of Medical Colleges, (allopathic) at their recent meeting in New York, passed unanimously a resolution in favor of adopting three full courses of lectures as essential to obtaining a medical degree. So the ball is rolling on. What college will be the last to come in out of the wet?

The bill to regulate the practice of medicine in the State of New York has become a law. Physicians must "walk up to the captain's office" and show their diplomas, and deposit a quarter of a dollar or get no quarters from the authorities.

Homœopathic Medical Society of the State of New York.—Semi-annual meeting will be held in Broooklyn, September 7th and 8th, 1880.—H. L. Waldo, Secretary.

Dr. J. J. Youlin, of Jersey City, will spend the months of July and August at Asbury Park, N. J.

London Lancet for July, 1880. Reprint by the Industrial Publication Co., of New York. This journal needs no indorsement at our hands. It is always full of interest and value.

THE Michigan Homœopathic Medical Society met, as advertised, at Jackson, and held a two days' meeting of decided interest and profit. It was said to be the best session held by that society in many years. We have no report of its proceedings, but the Secretary, Dr. House, will soon have the proceedings out in a volume, and we are certain it will make a fine showing for Michigan homœopaths.

PROF. S. A. JONES has resigned the chair of Materia Medica in the University of Michigan.

THE wife of Dr. M. M Gardner, Utica, N. Y., died June 25th.

HERBERT SPENCER, the English philosopher, and W. E. Gladstone, the English statesman, have expressed themselves against compulsory vaccination. We should be pleased to hear in concise ways the views of physicians on vaccination. Dr. T. D. Stowe has prepared a lengthy paper on anti-vaccination which we expect to publish as soon as space will permit. Eleven deaths in New York, from vaccination, are reported recently. This question is being agitated earnestly, and truth may not be with many that formerly thought they held it.

DR. J. JASPER WHITTINGTON, M. D., of Windsor, N. J., died May 24th, 1880.

PROF. J. W. DOWLING has removed to Lake George, New York, for the heated season.

WE will take pleasure in suggesting good locations for a few homœopathic physicians, in Cincinnati and vicinity.

A FEW scholarships in homœopathic medical colleges are offered at special rates. Address SCHOLARSHIPS, this office.

THE New York Ophthalmic Hospital issued three thousand, five hundred and thirteen prescriptions, and had four hundred and sixteen new patients during May. C. Deady, M. D., Resident Surgeon.

THE Free Dispensary for Women and Children treated eight hundred and sixty-five patients and gave three thousand, six hundred and seventy-two prescriptions, according to last report. May Howells, M. D., and Ellen Kirk, M. D., physicians in charge, Cincinnati, O.

WANTED.—A few copies of Nos. 2, June '77; 3, July '77; 11, March '78, of Volume V. Will pay fifty cents for No. 2, and twenty-five cents for Nos. 3 and 11, at this office.

WE have received Messrs. Clapp & Son's catalogue, price list and directory of New England physicians. From it we learn that Boston has just one hundred homœopathic physicians. It is a neat piece of typography. Thanks.

DESIRABLE LOCATIONS.—Texarkana, Ark.; Tuscola, Ill.; Sparta, Ills.; Marshall, Texas; Traverse City, Five Lakes, Bellaire, Munceola, Mich.; Centerville, Ia.; Marshfield, Mo.; Neodesha, Kan.; St. Paul, Iowa.

CINCINNATI MEDICAL ADVANCE

T. P. WILSON, M. D., EDITOR. ANN ARBOR, MICH.

J. P. GEPPERT, M. D., ASS'T EDITOR. CINCINNATI, O.

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MATERIA MEDICA AND PATHOLOGY are two important factors in medical science. The first of these subjects is said to be not taught properly in any homœopathic college, and the latter, it is declared, is not taught at all. It is supposed, however, that they are taught in all well regulatad allopathic colleges. They were certainly taught by GALEN and CELSUS, and have for centuries been the boast and pride of the old school teachers and writers. We would naturally look for some progress in these subjects since they have been so long and sedulously cultivated. Alas for expectations founded upon pretentions. Dr. BARTHOLOW is a learned Philadelphia professor, and has written several books on medical subjects, particularly materia medica. At the recent meeting of the American Medical (allopathic) Association, he said he "was of the opinion that no correct classification of remedies could be made at present, as our knowledge is insufficient." That is to say they do not know enough about drugs to classify them. How great must be their intelligence in prescribing them! The learned professor who thus confesses his ignorance, qualifies it by saying it is not possible "at present;" as much as to say, that in a few days, or a few more centuries, they will have the requisite knowledge. Meantime we must possess our souls in patience. Dr. BARTHOLOW, in the same remarks, says that *Opium* "will produce anæmia." Dr. THOMSON retorts, that is, because of "the anorexia which the drug produces." Verily "the physiological school" has a hard road to travel. The knowing ones, however, have never looked to the allopathic school for much sub-

stantial information upon materia medica. The special boast of that school has been, and is, its studies in pathology. But that they have not exhausted the subject seems clear from the following which we find in the proceedings of the Conference on Vital Statistics, lately convened at Washington. Dr. CARROLL (old school) said, "it seems to me that pathology is scarcely enough advanced as yet to have a really scientific classification." And as no one objected to the statement, it is most likely the members all coincided. This must be a very discouraging view of things after "two thousand years of hard study." We could easily suggest a remedy for these gentlemen, but they know so little of their own business they would not probably understand ours.

HERE IS A GEM taken from the London Lancet. Says Dr. GEO. P. REX: "I have used successfully a parvule of one-fiftieth of a grain of *Sulph. morphia* repeatedly for two or three hours, and have relieved pain without the least nausea or vomiting in patients that could not bear opiates in any other form. I do not know what to attribute this to except the peculiar mode of preparing the parvules; as they are so readily dissolved and absorbed after being taken; and in endorsing them, I must disclaim any favoritism or sympathy with Homœopathy; a parvule given every hour, it will be seen, is not Homœopathy, in theory or practice." This somewhat obscure sentence needs the explanatory notes of Lord Dundreary to make it perfectly plain. This doctor, with "a parvule," giving it repeatedly, for two or three hours, is quite on a par with the birds who had among them only "a feather." So much use of one thing would seem to require a bolus to commence with at least. Of course it is not Homœopathy "as will be seen." There was little need of such a warning. No one would mistake such practice for Homœopathy, or suspect a likeness between them except those who, like Dr. REX, know very little about the doctrines taught by Hahnemann.

"THE CLINIQUE," the organ of the Hahnemann Medical College and Hospital of ——, the name of the town where it is to be found has slipped out of our recollection, says, "The Michigan Institute of Homœopathy has recently put a medical twist on the doctrine of State Rights, by the adoption of a resolution to the effect that its members must not send their students out of the state for superior clinical instruction." This statement, so wholly at variance with the truth, is to be accounted for by the fact that the college and hospital above named has but a "limited faculty." Many years ago "Dr. BENSON, the skeleton man," made a great deal of money by exhibiting himself under a tent. There was not much of him, and that was his strongest point. People wondered how so little of anything could hold together and live. He was what you might call a man with a "limited faculty." BENSON'S "faculty" for telling the truth, however, was never impeached. This was because he was not a college professor, or editor of a medical journal.

President's Address before Homœopathic Medical Society of Ohio. By Dr. E. P. Gaylord, Toledo, O.

Owing to a misunderstanding at printing office, part of address was distributed before appearing in ADVANCE; it will be found complete in Proceedings of Society.

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The theory of the spontaneous generation of the lower forms of infusorial life, so ably defended by Dr. Bastian, has, by the exhaustive researches and crucial experimentation of Prof. Tyndall, been proven to be erroneous, and the investigation and elucidation of this subject has stimulated the study of zymotic diseases, and developed facts and theories concerning the origin and perpetuation of contagious epidemics and paludal diseases, which promises the greatest benefit to pathology and therapeutics, for the germ theory being established it was supposed that these diseases were perpetuated by the evolution of some forms of organic life, and in the case of some of them it is claimed to have been demonstrated.

This theory was the foundation of the antiseptic treatment of Prof. Lister, in surgical operations, now almost universally adopted with surprising results in the safety of the subject, thus rendering operations that before were considered extremely hazardous, under the action of this method comparatively safe.

Great advancement has been made in the department of surgery, and new and important operations devised, as well as new methods, prominent among which are the bloodless operations by the use of Esmarch's elastic bandage, and the antiseptic spray, of Lister; the operation for the extirpation of the rectum, and Battey's extirpation of the ovaries, for the relief and cure of fibroid tumors when the hemorrhage becomes excessive; also the exceedingly valuable operation of "nerve-stretching" first prominently brought before the profession by Paul Vogt, in 1872. This operation was performed for the first time in our school by Dr. J. G. Gilchrist, of Detroit, but has since been extremely successful in the

hands of Prof. Helmuth, of New York; also the operation for the radical cure of hernia, successfully practiced for many years by Dr. Heaton, of Boston, but until recently generally unknown to the profession.

But during all these years, we, as homœopathists, have not stood idle spectators of the progress around us. We have made much advancement in securing recognition by the national government, as well as the authorities of many states. The first recognition by the general government was in the dismissal of Commisioner Van Aerman, for his removal of several examiners for pensions, for no cause, except that they professed and practiced the homœopathic law, and the restoration of most of the physicians so removed, and the appointment of others to similar positions, has assured us of future equality before the law, and a further exhibition of this spirit of equal justice has resulted in the appointment of one of our brethren upon the National Board of Health.

We have meantime secured recognition in several of the state governments, having in three of them a homœopathic department in the universities supported by the state, these departments being fully endowed and provided with buildings and hospitals, while in most of the large cities large sums have been, and are, annually expended in the support of hospitals and dispensaries. The board of charities in New York City has placed one of the largest of their hospitals under our care, while the state has made munificent appropriations for the establishment and maintenance of an asylum where the unfortunate insane may receive the mild and beneficent ministration of our school.

We have had great accessions to our literature during this period. The accomplishment of the gigantic task of arranging and publishing the Encyclopedia of Materia Medica alone would indicate much progress in our school, but a vast number of other works, both text books and monographs, have been published, until nearly every branch of medical science has been ably treated by writers of our own school, and we are no longer dependent upon others for our literature.

While under the pressure of financial embarrassment some of our journals have suspended, yet others have taken their places, and those that safely weathered the storm have made much improvement in the quality and character of their contents, so that the standard of our serial literature has been more than maintained.

But in no department has more progress been made than in materia medica, which has been enriched by the addition of many new remedies. New and valuable provings have been made, and reprovings of old ones have developed their power and verified former symptoms, while from the wealth of clinical experience characteristic indications of great value have been evolved.

In the pharmaceutical department a new process of trituration has been found by Prof. J. Edward Smith, of the Cleveland Hospital College, and the well known pharmaceutist, L. H. Witte, by which the first decimal trituration of *Aurum metallicum* in water gives an "amethystine hue," a result hitherto unattainable, except from a solution held in suspension by electricity, and what gives the discovery greater interest is the fact that the purple color is retained to the sixth trituration.

It is also confidently asserted by no less an authority than the venerable Constantine Hering, that vaccination may be superseded, and its protective influence obtained by the use of the *Cyanide of potassium.* "After the discovery was made that the *Sulpho-cyanide of potash* disappears from the saliva in the beginning of variola, and reappears in the pus of the pustule, an investigation disclosed the fact that workmen in factories exposed to the fumes of the *Cyanide of potassium* were protected against the contagion, and that silverplaters themselves claim that members of their trade are exempt from the disease." If this should prove correct it will be a more important discovery than that of Jenner, of vaccination, for it will remove all fears of the transmission of constitutional disease.

The past decade has been a critical period in the history of Homœopathy. In the earlier years of its history when it meant

obloquy, sacrifice and self-denial, to hoist the banner of Similia, only those fully imbued with its spirit and earnest converts to its truth proclaimed themselves its advocates and confessors. But as it became more and more popular, many joined the army of its followers for the sake of the position and popularity they could thereby attain, without any deep and abiding belief in its fundamental principle. The memorable address of the lamented Carrol Dunham at Chicago, in 1870, upon Freedom of Medical Opinion and Action, was the bugle note which sounded the charge upon the most cherished traditions and beliefs of our school by a class of men, a large majority of whom were homœopaths only in name. Men in whose libraries hardly a homœopathic book could be found, and who seldom, if ever, prescribed according to the totality of the symptoms or according to the law of Similia, were foremost in the fray. Many good men and true, blinded by the dust and smoke of the onslaught were led astray, and for a time yielded allegiance to the opposite party, while some journals, both in this country and in Europe, trimmed their sails to catch the popular breeze which seemed to blow from the opposite quarter. The battle has been hotly waged, the contest long and bitter, but the reaction has already begun. Dark indeed were the clouds which o'erhung the camp of the followers of Hahnemann. But a brighter day has dawned and the sky is already clearing, and the next decade will witness as great a devotion to the beloved principles of our faith, as destructive animosity to its tenets in the past.

A general desire on the part of the profession of both schools, as well as of the people, for a higher standard of medical education has resulted in an extended course and more thorough teaching in nearly all the medical colleges in the country, and conseqently a more thoroughly equipped and better class of young physicians.

No greater sign of progress can be found than the change which has come over the teachings and the practice of the dominant school in therapeutics. When their text books and lectures teach the same use of a remedy for which Dr.

John Greenfield, of London, was arrested, tried, convicted and imprisoned like a common felon, by the censors of the College of Physicians less than two hundred years ago; when the writings of such men as Ringer, Phillips, Piffard, and Bartholow are adopted as text books in their schools, and enthusiastically commended by their journals, writings upon nearly every page of which are directions for the use of remedies upon the law of Similia, and which teem with covert teachings of Homœopathy from the preface to the finis; when the lancet and the leech have been abandoned for *Aconite* and *Veratria;* when the crude and oft incompatible polypharmacy of the past has given place to the single remedy of the present; when for the nauseous compounds and massive bolus of former years, the sugared pill and gelatine coated granule has been substituted, who shall say they are not progressing? When we contrast the teacupful doses exhibited by the older Eclectics with the elegant "specific tinctures" and minute doses of our brethren of that school to-day, prescribed upon clearly cut and sharply defined "specific" indications, we must look to our laurels in the race of progress.

But while on all sides we view these signs of progress, we must not lose sight of the fact that the *Reaper* has not been idle. When we look around and find the men who during this period have been taken from our ranks—many of them *pioneers* of our cause, some who had acquired wealth, honor and high position. Others who in more humble walks filled well the places to which they had been appointed. When such names as Clotar Muller, of Leipsic, Prof. Henderson, of Edinburgh, Bowers, Barlow, Beakley, Clary and Dunham, of New York, Williamson, Gardner, James and Frost, of Pennsylvania, Beebe and Woodyatt, of Chicago, Drake and Hempel, of Michigan, Wheeler, Bailey and Bigelow, of our own state are added to the list of the necrologist. Knowing that they have fought the good fight and have kept the faith, we can but hope to emulate their example and departing leave as honorable a record behind us.

What shall we say of the future? That the decade upon which we have now entered promises as great or greater progress than the one just past is, I think, evident. That a great advance in the standard of medical education is assured. The cry is coming up not only from the profession but the people, for "fewer graduates but better ones," and the schools which fail to hear and heed this demand will fail to retain their standing and prosperity. Only last week the Allopathic Medical Society of Michigan "Resolved, That we, the members of the State Medical Society, pledge ourselves to support only such schools as require for admission a thorough preliminary examination, and for graduation at least a three term graded course of lectures in three years of study, and that we will use our influence to prevent students from attending any college with an inferior standard of preparation and graduation." And this but echoes the sentiment of the profession of both schools throughout the land.

The next decade will witness not only a higher standard in the college course, and consequently a better class of graduates, but a spirit of emulation for study and improvement on the part of the older members of the profession. These are stirring times, and the people are alive to all the questions of the day, and we must keep in advance or lose our position and influence. The time is past when a man can rest on the scholastic acquirements of his youth if he expects to keep abreast the progress of the day. The next decade will witness not only an increased adherence to, and practice of, the distinctive law of our school, but a more comprehensive belief in, and more thorough devotion to, the principles of our faith.

With a lessened faith in the *dictum* of the doctor, and a greater spirit of investigation and increasing intelligence in the *laity*, they are finding out that Homœopathy does not consist of *pellets*, but *principles*, and consequently an increasing belief in, and adoption of, the practice of our school. All we need is to make ourselves *worthy* of this confidence, to secure and retain it. In the future let us have less *strife* and

more *study*. What the people desire is not railings, but relief; not *curses* but *cures*.

A lessened amount of bigotry and intolerance, a growing disposition towards investigation, and a more frequent use of the medicines and methods of our school, on the part of the *regulars*; an increasing belief and practice of specific indications by the *eclectics*; and a more liberal interpretation of the law, and greater latitude in the use of adjuvants and palliatives in our own ranks, points towards a breaking down of party lines, and a nearer union of the schools—when physicians will look not so much to success of party as success of practice; when supremacy of sect shall give way to elevation of science.

The greatest obstacle to the prevention of this result, a consummation so earnestly to be desired, is the different codes of ethics—remnants of a fossil age—a *dead letter* in all their useful and desirable features, and *alive* only in their pernicious and objectionable ones.

Theory and Practice.

Dysmenorrhœa. By M. M. Eaton, M. D., Cincinnati, O. Read before the Homœopathic Medical Society of Ohio.

Perhaps there is no disease for which the physician is called upon so frequently to prescribe, as painful menstruation; and perhaps there is no disease from which women suffer so much, without consulting a physician, and perhaps

there is none, which is less satisfactorily treated among the ordinary curable ailments of women.

Dysmenorrhœa, or painful menstruation, though presenting the uniform symptom of pain, at the menstrual period, is not uniform, in the conditions present, which give rise to this suffering. Hence it is that we must consider dysmenorrhœa, not as a disease in itself, *per se;* but as a symptom of other diseases; not even similar in themselves, nor producing a similar pathological condition, in each instance, and still, having pain, in menstruation, as the prominent symptom.

If, therefore, we simply look to the one symptom of pain, at the menstrual period, as the guiding indication, and ignore the conditions which cause it, we must strike wide of the mark, in the selection of remedies, and fail utterly, in many instances, if we rely entirely upon remedies in the cure of this complaint.

I do not intend, by these remarks, to belittle the beneficial effects of remedies, properly selected, upon the homœopathic principle. They are in many instances promptly curative. I desire, however, to say, that they can not be expected to cure in certain other cases, where the causes are mechanical, as I will presently explain, and endeavor to illustrate the absurdity of reliance upon remedies alone, in a certain class of cases.

Believing that if we, as homœopathists, claim for our remedies only just what they are entitled to, we may command more of the respect of our patrons, and the profession at large, than when we make extravagant and impossible claims which experience must prove in error, when they are put to the practical test.

Etiology.—The causes which produce dysmenorrhœa, as has been stated, are various, sometimes dependent upon congestion of the uterus, sometimes upon congestion of the ovaries; sometimes upon a neuralgic, rheumatic or hyperæsthetic condition of the nerves of the uterus, sometimes upon the formation of a false membrane within the uterine cavity, which is thrown off at each menstrual epoch, called denidation; sometimes on account of the relaxed condition of the blood-

vessels, allowing of a very free flow into the uterine cavity, and the formation of clots, which require expulsive pains, or contractions to deliver, sometimes from stenosis of the cervix uteri; sometimes from the retroflexed condition of the uterus, causing stenosis of the cervical canal, at the internal os, and the consequent retention of the effused menstrual fluid, until contractile pains force it out of the uterus.

Cold may be named as a cause of dysmenorrhœa, so far as it may induce the congestion of the female generative organs, developing endometritis, ovaritis, etc.; or resulting in the development of the false membrane sometimes formed, as a result of chronic endometritis, necessitating uterine contractions and consequent pain in its delivery, which is necessitated by the flow taking place beneath it, and hence making of both it and the effused blood, foreign substances, which the uterus must expel by contractions, and consequently resulting in pain.

Without going into detail of the symptoms of dysmenorrhœa, or wasting your time in remarks upon diagnosis, I will proceed to the consideration of the treatment, barely saying that before adopting remedies or remedial measures, each case should be carefnlly diagnosed as to its probable cause, and if it seems clearly to be neuralgic, rheumatic or congestive, we may proceed to administer remedies according to the homœopathic indications most prominent in each case.

I need not occupy your time in naming the indications for *Puls.*, *Aconite*, *Cimicif.*, *Bell.*, *Bry.*, *Ars.*, *Rhus.*, *Colch.*, *Cal.*, *Macrotin*, *Secale cor.*, etc. They are familiar to you all, and will be found curative when the dysmenorrhœa is accompanied with symptoms homœopathically pathogenomonic of these remedies, when there is not present a mechanical impediment to the egress of the flow.

After a reasonable trial of the indicated remedies, and finding that a failure has resulted in our attempts to cure with them, it becomes necessary, by physical examination, to determine the condition of the uterus. If stenosis of the cervix uteri is present, the indication is clear to proceed to dilate the cervical canal. In this attempt we do well to endeavor to

simulate nature as much as possible, and make a gradual dilatation. Forcible rapid dilatation, or incising the cervix with the hysterotome, is not, as a rule, advisable in stenosis, although this has been the practice sanctioned by old school authority. The practice which I advise, and adopt, is to dilate the cervical canal with bougies, till a sponge tent can be introduced, and then using it to produce quite a free expansion of the cervical canal, taking care to obtain dilatation of the internal os.

Usually we have to commence the dilatation with very small bougies, in order to introduce them at all. After introducing one, we would allow it to remain for five minutes or so, and then introduce a larger size, and so on, occupying ten or fifteen minutes at a treatment. So far the treatment may be carried on at the physician's office; but when we use the sponge tent the patient should be at home and remain there so long as we are using the tents, and for three or four days thereafter. If we find, after using one tent and allowing it to remain ten or twelve hours, that we have not obtained a dilatation equal to the size of the index finger, or if the internal os is not dilated, another tent may be at once introduced and be allowed to remain as long as the first. After full dilatation is accomplished, a large sized bougie (about No. 12) should be well smeared with *Vaseline*, and introduced daily into the cervical canal. This serves to maintain the dilatation, and assists in preventing cervicitis, endo-cervicitis, or endo-metritis, which may follow dilatation of the cervix uteri, even when gradual dilatation is used.

This after treatment with *Vaseline* and the large bougie is still more important, when, for any reason, we use rapid dilatation, or incise the tissues with the hysterotome. Otherwise we may have a more complete stenosis than before we commenced treatment, even in some cases amounting to complete atresia of the cervical canal.

If we find, on making a physical examination, that the case is one of retroflexion of the uterus, we should proceed to replace the organ, using also those general principles of treatment which are applicable to nearly all malpositions of the

uterus. This consists, first and primarily, taking off the weight of the intestines from pressing down upon the pelvic organs. This is to be accomplished by position, *i. e.*, confining our patient in the horizontal position, on her side, with the hips elevated, or by the use of a suitable elastic abdominal supporter.

We then reinstate the uterus by the aid of the sound, or Elliott's uterine repositor, or by means of the knee elbow position and pressure through the rectum upon the fundus uteri. Either method may succeed, and we will not discuss their comparative merits here, as we are mainly interested in the treatment which is calculated to cure the dysmenorrhœa.

After the retroflexion is cured we may have some contraction of the internal os remaining, which must be treated by dilatation, as in case where stenosis is the only abnormal physical condition we can find.

When we find endo-metritis or cervicitis remaining, or find that the case shows a membranous intra-uterine exudation as a complication, these conditions must be treated in accordance with the homœopathic indications for remedies combined with gentle local treatment, if remedies fail. In the case of the membranous formation, *Phos.* is indicated in the 100th potency, and it will cure in many instances.

When endo-metritis or endo-cervitis is present, *Sepia*, *Secale*, *Aconite*, *Gelsem.*, *Ars.*, *Merc. iodide*, *Verat vir.*, are among the indicated remedies. Locally, *Vaseline* may be applied to the internal surface of the cervical canal, and interior of the uterus, by means of Palmer's applicator.

When these applications, made every three days, for a month, are not efficient, we would apply the solution of *Iodine*, made with ten grains of *Iodine*, thirty grains of *Kali iodid.*, to the ounce of water, applying it every three days, and weakening it with water one-half, in case this strength caused any considerable smarting, the intention being simply to stimulate healthy healing action, contract the capillaries and dispel the chronic congestion which constitutes these diseases.

This is in brief the course I pursue in the treatment of chronic dysmenorrhœa. In acute cases dependent upon cold ordinarily, *Aconite*, *Bry.*, *Puls.*, *Cimicif.*, *Bell.*, *Ars. alb.*, etc., are the remedies found promptly curative when given according to their homœopathic indications.

Catheterism. By D. W. Hartshorn, M. D., Cincinnati, O. Read before the Homœopathic Medical Society of Ohio.

Mr. President, Ladies and Gentlemen of the Homœopathic Medical Society of Ohio:—In reviewing a practice which has extended over a period of more than a quarter of a century, I have no hesitation in saying that among the operations in surgery which we are called upon to perform, there is not one which so frequently demands our attention, and, to a certain extent, so tests our knowledge and skill, as that of catheterism of the bladder, and it becomes the more important when we consider that it is an operation which not only the surgeon but every medical man is liable to be called upon to perform. We therefore should not only be thoroughly acquainted with the pathological changes that require it, the object of the various instruments, the different manipulative methods necessary for its safe and successful performance, but also the dangers that attend and follow it.

I am more and more convinced of this as year after year rolls around with its increased experience, for instead of gaining an additional assurance, I grow more cautious and take greater care to use every precaution in selecting the proper instrument, and by exercising all possible gentleness in the management of it in cases requiring its use. It is

these feelings induced by knowledge gained from experience, that caused me to select this subject for my paper.

The class of cases demanding its use to which I desire to call your attention is hypertrophy of the prostate gland. This is a most serious affection, incident to men after the age of fifty, and one which although amenable to treatment by the persistent use of appropriate remedies when conjoined with the use of the catheter, is, I think, far less so without its use; and further, in cases in which remedies are of no avail in removing the hypertrophy, the careful daily use of a proper instrument enables us to a certain extent to prevent the evils resulting therefrom.

The morbid conditions of the urinary organs, the bladder, ureters and kidneys, resulting from enlarged prostate are inflammation, acute and chronic, hypertrophy, dilatation and sacculation. Dilatation of the bladder exceeding the hypertrophy when the hypertrophy of the prostate acts as a valvular obstruction.

This condition of dilatation of the bladder with very little hypertrophy is peculiar to prostatic disease, and shows that the bladder has either been paralyzed, or that the obstruction was vslvular in nature, and that an increased force only shuts the valve more closely, and further that an amount of stretching of the neck sufficient to render the valve incompetent was necessary to allow the urine to pass without mechanical aid. These conditions of inflammation, hypertrophy, dilatation and sacculation, resulting as they most certainly do from the changed condition of the retained urine, and the increased force necessary to expel it, play a very important part in the production, if they are not the direct cause, of the kidney disease which sooner or later manifests itself.

The valves of the ureters are not in these cases found incompetent, no regurgitation takes place, for they are more firmly closed than natural.

The ureter has to pass obliquely through the walls of the bladder, the swelling of the mucous membrane at the orifice of tne ureter in inflammation closes it, the thickened bands

But we find that its introduction in the recumbent position is often very difficult, passing readily up to its entrance into the bladder, and owing to its being distended with urine it sags backwards, elongating the urethra, thus not only requiring an instrument longer than the ordinary one, but also that the patient be placed in the erect position with the body inclined well forward, or if he be very feeble, on the abdomen, when we will find that what was very difficult is now very easy, made so by the change in the position of the bladder.

Another point is to ascertain that the catheter does fairly enter the body of the bladder, for in cases of enlarged prostate the corresponding portion of the urethra is often elongated and enlarged, forming a pouch containing a quantity of urine, an ounce or more, and upon reaching and emptying this we may conclude that we have entered the bladder; this would be a grievous mistake, as the bladder is left distended beyond the pouch.

With some there is still another question in connection with the relief of retention in these cases, and that is where the introduction of the catheter has been difficult, whether it should be left in the bladder or withdrawn after the viscus is emptied. As a general rule it is certainly far better not to leave it, but if in any case it is thought best to do so, the soft rubber one is to be preferred.

The old practice of forcible catheterism or tunneling the prostate, that is pushing the point of a silver catheter through the obstacle into the bladder and leaving it there for forty-eight hours, when it would generally enter it again with sufficient readiness on being reintroduced, is found to be no longer necessary. The use of improved instruments and attention to position, with the aid of anæsthetics, place it among the things of the past.

In conclusion the only point necessary to consider is, how are we to proceed if in spite of all the caution possible being taken inflammation results?

In such a case the instrument should be laid aside until the condition is controlled, the patient kept at rest in bed with

the hips raised, hot hip baths given, or hot fomentations applied to the hypogastrium and perineum, and the bowels kept open with warm water enematæ.

Aconite should be given where there is violent fever with thirst, frequent desire to urinate without consequent emission, or with emission of only a few drops of deep colored, red, turbid or else sanguinolent urine, and painful tenderness of the vesical region.

Should the attack be of a less active character, *Cantharis.* This drug is indicated where there is violent but ineffectual desire to urinate, or with emissions of only a few drops; where there are shooting, burning pains in the region of the bladder before and after the emission, and where there is distension and tenderness of the abdomen.

Erigeron is a remedy of great value in these cases, especially when the urine is dark colored, or sanguinolent, the hemorrhage passive, the blood dark, showing torpor and laxity of the blood vessels, and symptoms of a typhoid character exist. It is also particularly called for when in connection with the above conditions there is peritonitis and great tympanitic distension of the abdomen. In such a state of affairs it should not only be given by the mouth, but also by enema, throwing up from one-half to one drachm in a pint of milk, A few enemas of this kind readily relieving the distension and distress consequent thereon.

Chimaphila umbellata is indicated when the urine contains a large quantity of muco-purulent matter, or when it is thick, ropy, of a brick color, and has a copious sediment. This condition of the urine, however, comes after the acute stage has been to a certain extent subdued, and besides the remedy referred to, calls for the use of a good sized catheter, and also the warm water douche, to dilate if necessary, the muco-purulent or thick, ropy, sediment, in order that the bladder may be thorougly emptied and washed out.

Cannabis sativa, *Causticum*, *Nux vomica*, *Pulsatilla* and many other remedies have their place in the subsequent treatment of the inflammatory condition. The catheter, however, being relied upon to keep the bladder free from stale

ammoniacal urine, and inflammatory products; thus avoiding the straining, everting or controlling the dilatation, which would result from retention and the extension of disease to the ureters and kidneys.

Sanitary Science.

Sanitary Science. By Wm. Owens, M. D., Cincinnati. Address delivered before the Homœopathic Medical Society, May 18, 1880.

Dr. John S. Billings, U. S. A., in January, 1880, wrote as follows: "Sanitary science does not present any well recognized and satisfactory standard or nomen by which the condition of health of any given community can be measured since the death rate usually employed is a very uncertain and unreliable test." Capt. Douglass Gatton, of England, uses language very similar in regard to sanitation in England. He says that "sanitary science as it now exists is but little more than a confused mass largely made up of statements, many of which are conflicting, and the whole unsatisfactory in the extreme."

In January, 1880, the sanitary officers of the city of Cincinnati declared that no satisfactory system of "house drainage" was worthy the name. The sewer gas penetrates nearly every residence, and that the present plans of sewerage and house connections were no protection against sewer gas

The subject of sanitation is too extensive to be presented in the brief time allotted me. I must, therefore, be content

to present a single branch and a single topic, "house drainage," one of the simplest and yet least understood of all, depending entirely upon mechanical principles, upon pipes, traps and seals; upon their arrangement, position and strength. When our attention was called to this subject a few years ago, we found no plans or combination of plans which offered complete protection from sewer gas. Various plumbers and builders were consulted; all recommended the "Rand system," where it was suitable, and a modification where it was not. But as the "Rand system" involved the constant use of a strong fire, it was, for ordinary purposes condemned.

The plans usually adopted or recommended by plumbers is the modified "Rand" system, which consists of a soil pipe and attachments throughout the house, into which all of the gases are drawn by means of a furnace, and forced into the fire to be consumed, the resulting products escaping through a ventilating chimney or flue at the top of the house. This system of house drainage has no traps. The modification consists in placing traps on the soil pipe on the out side of the house, and upon all of the washstands and other connections, and carrying a column of pipe as large as the soil pipe to the top of the house which serves as a ventilator. For fresh air and escape of gases, to each trap in the interior of the house connected with water closets, a ventilating or fresh air pipe is attached which is also carried to the top of the house. This is a tolerably good system, but has one defect, to which I will call your attention in connection with the next to which I invite your attention, that known as "Healthy Homes for Rich and Poor."

This, for the most part, is the same as the last mentioned. It is represented here upon this diagram to which I call your attenion. A soil pipe leading to the sewer or gutter; a trap half "S" shape; a fresh air pipe entering the soil pipe behind the trap, which is the faulty part of the system; placing the fresh air pipe behind the trap, any draft upon the soil pipe would draw upon the fresh air pipe the entrance of which into the soil pipe is behind the trap, it follows that all air

drawn through the fresh air pipe by the soil pipe must traverse the trap and the soil trap and rob it of its seal. This is what is known as syphonage of the trap. When the trap of the soil pipe has been syphoned, sewer gas will enter the house without hindrance, until a seal is again furnished, and this is one of the most important points in house drainage, to avoid syphonage of traps.

As we have seen, none of these plans are free from very serious faults. I wish now to call your attention to a modification which can be applied to either of these plans, except the "Rand" system, and will remedy their defects.

The plan which I have to submit consists in joining the fresh air pipe to the soil pipe outside of the "trap" and carrying it of full size up through the walls to the top of the house. In this case when a draft is made upon the soil pipe a supply of fresh air will be received outside of the "trap" and leave its seal undisturbed. And it will have this additional advantage, that when the rising sewer gas encounters the water seal in the "trap" the resistance with which it meets will force it into the fresh air pipe, when it will ascend and be diffused above the roof of the house. With this arrangement no gas is permitted to enter the dwelling. Even in the waste or soil pipes, except such as may be absorbed in the seal in the trap, and thus transmitted, whereas the second "trap" at the point of waste will reduce this amount to nil. By this plan sewer gas will escape through this fresh air pipe, and to a very limited extent come in contact with the seal of the trap to be absorbed and transmitted through it to the interior of the building. As Dr. Carmichael has shown that no water seal does entirely resist passage of gases from the sewer connections into the dwelling, but to make this matter doubly sure, a second trap with a ventilating pipe should be attached to any waste pipe from any portion of the house, and the whole to be carried above the roof of the dwelling of full size of the waste pipe beneath.

It may seem strange, yet it is true, that no such system of house drainage as I have here suggested, (and which is the safest and best yet devised) has been adopted by plumbers or

sanitary engineers. When this plan was suggested to the Bureau of Sanitary Science, of American Institute, at meeting, last year, it seemed quite new to them, and yet it received the unqualified approbation of all who examined it.

Allow me to call your attention to one or two of the traps regarded as the most desirable, yet none of these are a complete protection alone, against sewer gas, but either may be sufficient with the modification above suggested.

This diagram, to which I call your attention now, represents the "Bower" trap, invented by a gentleman of Cleveland, O. It consists of a sectional chamber, a supply pipe, and waste pipe; also a wood, rubber or glass ball. When the sectional chamber is filled to a point nearly on a line with the lower end of the supply pipe, the ball floats up and closes the mouth of the pipe, and as long as the ball remains here no gas can pass into the house. The descending column of water through the supply pipe displaces the ball until the sectional chamber is full, when it will escape through the waste pipe. As long as the sectional chamber remains full, no gas can pass, but a powerful draft upon the waste pipe will syphon the "Bower" trap, as well as any others. Place the fresh air pipe outside of the "trap," and the "Bower trap" can not be syphoned, and is a complete protection. The "Waring" trap differs but little from the Bower trap, and is usually supplied with the ventilating pipe from the top of the swan neck arch, and when so supplied can not be syphoned, but its seal is liable to absorb gases and allow of their transmission in a small degree into the interior of the dwelling; that degree depending upon the amount of pressure exerted by the gas.

The "S" shaped trap, and half "S" shaped trap, and the swan's neck trap embrace about all the principle in traps used. All use the water seal. The Bower trap adds the wood, rubber, or glass ball.

Sanitary Science, and the Germ Theory of Disease. By E. R. Eggleston, M. D., Mt. Vernon, O. Read before the Homœopathic Medical Society of Ohio.

Modern materialism does not confine itself to the origin and evolution of species, nor to mental or psychological philosophy, but tends to a material basis for all phenomena—natural, supernatural, physical, psychical, normal and abnormal. The same keenness of scent which follows to a far-away boundary all normal phenomena, is likewise fastened upon departures from a normal standard, and disease is sought to be explained on the same principles. The brilliance of these generalizations is dazzling, and to outward appearance the key is furnished which shall unlock the hitherto mysterious, opening a plain broad way to the application of specifics in disease.

Before adopting conclusions, *pro* or *con*, upon these modern materialistic claims, it may be well to go carefully over the ground, to the end that no embarrassing mistakes be made. To do this intelligently, the captivating "Germ Theory of Disease," with all its glittering generalities, must take a stand upon one side, and the whole field of science, with its wealth of bold, hard facts upon the other—not, of necessity, in opposition, but that the one may be measured by the other.

There is no dispute as to the existence of germs; but the question of their origin being one of debate, which at the same time lies at the very foundation of the position of the sanitarian, it is better answered at the outset; the more so from the fact that every argument against the germ theory has this for its starting point, as certainly as that spontaneous generation is the real ground of the opposing party.

Taking the results of the investigations and experiments of the most noted representatives of this controversy, Bastian, who affirms spontaneous evolution, and Pasteur, and Tyndall, who deny it, the conclusion is irresistibly forced upon us that these organisms represent a special creation for a special purpose, I accept this as answering the question of origin. The

importance of this fact can not be overestimated, because in a given case, or in a given epidemic, one or other view of it becomes the mainspring of all active, or expectant, or prophylactic measures for its arrest or cure. The questions at once arise: Are disease germs present—what is their source? Do conditions obtain which favor their generation or propagation? If ever-present and noxious always, what explains their latency or determines their activity? If ever present and inocuous ordinarily, what determines their pestilential characteristics under extraordinary conditions? It is hoped that a reasonable answer may be found to these questions.

The germ theory proper, in short, is this: That many diseases, particularly the specific and eruptive fevers, are due to the presence of and propagation in the body of minute organisms, animalcular or fungoid, having no part or share in its normal economy.

An important modification of this is made by Bastian, who, upon the ground that the tissues and fluids of the body, being composed of living elements, produce the various soluble ferments of the body, each a vital act similar to that manifested by the common ferment organisms, claims that tissue elements are "capable under certain influences of being more or less easily diverted into unhealthy modes of action, so that many of them may become true living ferments, in the modern sense of that term, and, therefore, possible producers of chemical ferments (contagia), capable of irritating some, or the whole of the series of changes by which they themselves were produced, in other suitable sites." In similar abnormal conditions of the tissues he suggests that "similar low, independent forms of life may originate in the midst of living tissues previously free from them, by a kind of transformation of some of the units of protoplasm, which, though still living, have been modified in nature and tendency by reason of their existence in a partially devitalized area." It might be impossible to successfully controvert the claims set up in these modifications if attempted, and they may even prove to be a true basis for a true germ theory, carrying with them, as they do, such strong grounds of possibility. So leaving this theory

behind marked as questioned, I propose to devote my time to the consideration of this proposition.

The presence of, and propagation in, or upon animal tissues of the specific bacteria, is universally due to a pre-existing state of total devitalization of the tissue affected; these organisms being, in their relations with the diseases which they represent, accidental, complicating and disseminating.

Because certain parasitic growths are found in the products of contagious diseases, does it hence follow that they stand in a causal relation?

There is one very remarkable fact apparent in all authoritative discussions upon this theory. It is this: that while the whole strength of the argument is given to the germ and the phenomena connected with it after it becomes a pathological element, no weight is given to the fact of its presence before the outbreak of disease, nor to the conditions which determine its active propagation, its bare presence being declared a *causus morbi.*

Let us see how far the criticism holds good. The experiments of Bastian, Tyndall, Pasteur, their followers and competitors, have been conducted with infusions of various substances, in various degrees of acidity and alkalinity. These, having been brought to higher or lower degress of temperature, for the purpose of devitalization, are hermetically sealed to exclude atmospheric air, and the results are carefully watched. These experiments have covered a great extent of time, but the conclusions are so diverse as to the fact of spontaneous generation, that but little headway is made in the direction of settlement. But much that is practically important regarding the existence, habits, and modes of propagation of germs, has been ascertained. One of the assumptions based upon these facts is that, as related to disease, germs are causative. This, I think is true of each of the gentlemen mentioned, and of many more equally distinguished, perhaps. In reviewing these experiments we are especially impressed with the fact, that while at times the results were affirmative, and again negative, the one constant result was that of invariable fertility of all test fluids on exposure to common atmos-

pheric air! This is universally admitted. We accept, then, as scientific truth, the deduction that atmospheric air swarms with germs which await contact with a suitable soil for their development. We learn, again, that particular localities are not infested to the exclusion of others; that it is not alone a miasmatic or poisoned atmosphere which is so inhabited; for the flasks, after preparation and sealing at one point, were transported to other neighborhoods, and even across a continent, and there with the still severer test of the increased altitude of a Swiss mountain side, and all the test fluids, on opening the flasks in the changed localities, became fertile, just as before. So we are enabled to formulate another scientific truth, viz: that bacterial germs are diffused wherever the atmosphere is capable of their germination. Many of the experiments referred to embraced ideas beyond that of mere fertility or sterility of the substances. It became apparent that the processes, as between animal and vegetable matters, were not identical; that there were stages in the decomposition of special substances, and that the stages were dissimilar —that is, chemical disintegration, fermentation and putrefaction were each represented; that when not artificially devitalized, the process of decomposition of the substance was precisely the same as in cases where vitality was artificially destroyed; that each stage of the process represented a total change of characteristics; and finally, that the new characteristics depended upon the appearance of new species of bacteria. These facts lead to this further scientific truth: That each substance, or class of substances, when naturally or artificially devitalized, is attacked by a species of bacteria peculiar to it, and that if more stages than one are necessary to the completion of the process of decomposition, each stage is represented by its peculiar bacterial organism.

And now is it not remarkable, in view of the claim put forward regarding the effect of germs, or their bacteria, upon animal tissues, the vital integrity of which remains unshaken, that in every experiment of every experimenter, the substance experimented upon was devitalized —dead matter? By what rule of logic or sense can the claim be made that the effect of

germ presence, or germ propagation in a vital, living body, is the same, or similar to that of their presence or propagation in a devitalized or dead body? Even at the risk of the charge of scientific obliquity, I shall dare to differ with the conclusion that they are, or can, in any possible way, be the same. We may conclude, therefore, that whenever animal or vegetable substances are brought into a state of devitalization, the forces of decomposition or decay have supremacy; and in addition to the purely chemical processes of disintegration, these forces operate through other and lower forms of life, animalcular or fungoid, both being initially represented by germs, which are always present in a germinative atmosphere, and in such variety as to meet every exigency.

These processes are accomplished, (1) by specific chemical decomposition, resulting simply in the disengagement of elements; (2) by chemical decomposition in presence of another force, resulting in a like disengagement of elements which immediately enter into new combinations, or in other words, fermentation ensues, and (3) at the end of the latter process, or independently of it, another force, under peculiar circumstances, sets up its operations, when putrefaction ensues.

Now to squarely face the question of the relations existing between germs and disease, the following deductions are drawn from the foregoing premises:

1. All retrograde metamorphoses incident to animal and vegetable life are either elemental disengagements, or processes of germ growth; the latter being either fermentive or putrefactive, or both.

2. Germs, which are present in the atmosphere by virtue of the law of conservation, are the initials in the processes of fermentation and putrefaction.

3. The courses of these processes are characteristic and unvarying, proceeding according to the law of development which attaches to the individual germ.

So far there can be no disagreement between us and the germ theorists, for only dead matter is involved. They, however, following the illogical course above pointed out, of

applying the same facts under conditions totally foreign to them, proceed to the further conclusion that these changes are precisely similar to an outbreak of disease, overlooking or ignoring the fatal fact that

(4) All retrograde metamorphoses are conditioned. Cases involving the point will render the criticism more emphatic, for instance:

(a) There being present in a given case a germ and living matter, is it the rule that the attraction or affinity between them is such that, union occurring, the result is that the higher form of life is destroyed by the lower? Neither experimentally nor practically does it appear.

(b) There being present in a given case a germ and dead matter, is it not the rule that the conditions are such that, as the result of union, the lower form of life is developed from the elements of the higher? This does appear, theoretically, experimentally and practically.

It is plainly seen, then, that the processes involving animalcular or fungus growth are conditioned, and that the condition is devitalization. So, then, we are forced to deduction

5, That so long as vitality is intact, and so long as the organic reparatory or destructive transformations are made in full integrity, there exists no opportunity for the lodgment and growth of germs, because existing conditions are repelling; and contrariwise, if any degree of devitalization transpires, in the same degree do conditions become inviting, and parasitic growths develop accordingly.

Just at this point I can not forbear a quotation from Oertel, (Ziemssen's Cyc., art. Diphtheria), as it so happily props the view I am trying to make plain, and at the same time tells so heavily against his own ground of germ causation. These growths, micrococci, "are inseparable from the diphtheritic process, *just as* the bacteria of decomposition are necessarily connected with decay, and act as a ferment of it." The little phrase "just as" becomes especially significant in this connection—it demolishes the whole theory of primary germ causation.

CONTINUED IN NEXT NUMBER.

Miscellaneous.

The Physiology and Pathology of a Convulsion. By Dr. M. H. Parmalee, Toledo, O. Read before the Homœopathic Medical Society of Ohio.

Gentlemen:—In the text-books and standard authorities of the present day, among the medical societies, and in conversation with active practitioners, wherever you may seek for information, you will find the opinion prevalent that convulsions, speaking broadly, are due to a congested (hyperæmic) condition of parts of the nerve centers.

Especially is this the opinion of that part of the great medical profession which exists in and about the colleges of the commercial metropolis of this country.

I propose, therefore, in the brief time which a paper will allow me, to set forth some experiments which tend to show that such an opinion, however supported by the authority of a Hammond, a Flint, or a Dalton, is incorrect.

So long ago as 1836, Sir Astley Cooper, in experiments upon rabbits, noticed that when the carotids had been ligatured, compression of the vertebral arteries caused suspension of the respiratory movements, and convulsive attacks. If the compression was stopped the attacks ceased, if the pressure was again made, the same symptoms were reproduced.*

Travers and Marshall Hall, at about the same time, but a little later, noticed for the first time, the similarity of the convulsions which rapidly occurred in man, and warm-blooded animals, after sudden excessive hemorrhage, to the convulsions of epilepsy.†

These experiments, from inability to explain them, were allowed to sleep for twenty years, when Kressmaul and Tenner,‡ by crucial experiments, very carefully conducted, upon cats, dogs and rabbits, took up the thread which the profes-

*Guy's Hosp. Rep., 1836.

†Rosenthal, p. 64.

‡Moleschott, Vol. III, 1857

sion had dropped. In their experiments they used healthy animals, without an anæsthetic, causing rapid anæmia of the brain, by bleeding some to death, or by ligaturing the arteries (carotid and subclavian,—the latter because the vertebral arteries arise from the subclavian). In every case there was at first some tonic rigidity soon followed by clonic convulsions, some of them so strong as to throw the animal over the shoulders of the operator.*

Where the ligature was used, the most violent convulsion could at once be arrested by removing the same from only one carotid. In order to show that hyperæmia of the brain does not cause convulsions, they first divided the cervical sympathetic in rabbits, and then tied both the external and internal jugular veins, with the effect of producing both active and passive congestion, but no convulsion, or convulsive action appeared. But their most successful experiment was as follows:

They first tied one carotid and both subclavian arteries in a rabbit, and then faradised the sympathetic of that side where the carotid had not been tied, with the following result: The fundus of the eye became suddenly pale, the pupil dilated, so much that the iris disappeared, the neck was drawn back, and violent convulsions appeared. On discontinuing the electricity, the fundus of the eye became red, the convulsions ceased, and the pupils contracted.†

Then came Donders, who, after many failures, examined the cerebral circulation, by means of a watch glass placed between the tables of the skull without allowing the air to enter, he, finding that compression of the carotids caused capillary anæmia in the pia mater; when the blood was permitted to freely transverse the vessels in the neck, there occurred in the brain and pia mater a very marked momentary cerebral hyperæmia, all unattended by convulsions. These experiments were acknowledged to be full of interest, and yet no one could connect them, for what was already known as the

*Althaus, p. 65.

†Althaus.

highest type of anæmia, namely, fainting from fright or shock, where there was bloodlessness of the nerve center, there had never been recorded any accompanying convulsions, so again the profession refused its assent to the conclusions which were reached.

In 1868, Nothnagel* demonstrated a new and most important factor in these series of events, when he succeeded in locating definitely the true boundaries of a center, from which all convulsive action originates, or rather, the space within which the stimulation of the sensory is transmitted to the motor fibres. Such a field is to be found in the pons varolii. He, by irritating the brain of animals with a needle, found that the "convulsive center," as he called it, could be accurately bounded. He thus described its situation: "Its lower limit is found to be the upper part of the *alæ cinereæl*; the upper limit is situated above the *locus cæruleus*; the inner limit is formed by the upper border of the eminentia teres; the outer boundary is more difficult to determine, and appears to be formed above, by the lateral border of *locus cæruleus*, and below by the *acoustic tubercle* and the *fasciculus gracilis*."†

In addition to this valuable contribution to practical physiology, Nothnagel, two years later, succeeded in producing epileptiform convulsions in animals by irritation of the peripheral nerves, and demonstrating that the process was one by which the cerebral arterioles contracted, thus producing anæmia.‡

Virchow first announced the fact that thrombosis implied in all its phenomena something more than the mere clotting of blood in a blood vessel. Other observers have added to his facts, until now, physiologists regard as thrombosis any process which narrows the calibre of a blood vessel, whether within, between, or outside of its walls, and in any form its ultimate aim is to produce anæmia, or anæmic disturbances, in those parts to which it is distributed.

*Virchow's Archives.
†Rosenthal, Vol. II.
‡Althaus, p. 66.

Bearing this chain of experimental observations carefully in mind, let us examine clinically the forms of convulsions, which involve loss of consciousness, tonic or clonic, involuntary muscular contractions, and great danger to life.

In cerebral hemorrhage, when there are convulsions, the clot will be found in the pons varolii, according to Broca, Hammond and Rosenthal. Whatever may be the condition of hyperæmia, when such a case shall be examined post mortem, it can be but acknowledged that the condition occurring at the time of the convulsions, when the first pressure of the clot disturbs the nutrition of the pons will be one of anæmia.

In epilepsy, Schroeder Van Der Koeck, found in a large series of post mortem examinations "considerable dilatation of the vessels, extending from the fourth ventricle to the olivary bodies,"* a situation corresponding in extent to Nothnagel's "convulsive center," now vascular dilatation, according to Goetz's experiments, (Archives, 1874) is due to paralysis of the vaso-motor nerves, or exaggerated function of the vaso-dilator nerves, which have been cut off from the spinal center.

Now, whichever process, that of spasmodic contraction followed by paralytic dilatation, or an exaggerated effort of inhibition, the future may determine as the correct one; the first result, and that which applies to the present discussion will be the production of a bloodless condition in our "convulsive center," and the phenomena of eclampsia. And this, too, in spite of the seeming fact, that the loss of consciousness and convulsion, occurs at a time when the face is pale.†

So strong is the European sentiment upon this point that the following passage from Rosenthal well repays copy and perusal:‡ "A vascular spasm, starting from the vaso-motor center, rapidly becomes general, and causes cerebral anæmia, thus causing an obstruction to the reciprocal reactions which transpire between the blood and the brain. This circulatory

*S. Van Der Koeck. Researches in Epilepsy, 1859.

†Romberg.

‡Rosenthal, V., ii, p. 72.

disturbance gives rise to loss of consciousness, and acts, on the other hand, as a powerful stimulus of the center of convulsive movements situated in the pons varolii and medulla oblongata."

In puerperal convulsions, if we adopt the views of Spiegeberg and Heidenhain, that the phenomena are due to the poisoning effect of blood surcharged with *Urea* or *Carbonate of ammonia*, or the opinions of Kiwisch, Scanzoni and others, who regard the convulsions as due to the mechanical irritation of the pelvic nerves, produced by pregnancy and parturition; whether we say the blood shall so irritate mechanically and directly, the arterioles of the pons, and produce in that way a spasm and contraction of the vessels, or whether, by reflex irritation, a vaso motor contraction shall be its starting point, we can say that the first effect will be the production of anæmia, and then the convulsions follow.

In precisely the same way may we account for the convulsions of cholæmia, and the influence of such poisons as *Lead*, *Carbonic oxide*, *Nicotine* and others.

In another class we find convulsions occurring from purely peripheral irritations, as in tetanus and trismus, the acute exanthemata, worms in the intestinal canal of children, and in teething.

I believe that I have given sufficiently, the views which point unmistakably, to the fact of the necessity of rearranging our pathological views of these eclamptic affections. I am not bold enough to claim that with a change in physiological or pathological opinions, there should immediately follow some radical change in the measures used, for their abatement or prevention.

I am willing, and sincerely desire, to speak well of any bridge which has safely borne me over any tide of storm or doubt, and while I accept as eminently true the motto of a well known journal, that, "Our journey's goal to-day may be the starting point to-morrow," I am anxious to keep pace with the onward sweep of events.

Hence, the experiments which I have so briefly sketched, may be to-morrow negatived, by some daring and acute ob-

server, who, with enlarged powers of vision, shall, from the mysterious depths of experimental knowledge, bring back to us a fact; but for to-day I think you will agree with me, that into the phenomena termed eclamptic, there enters no possibility of a hyperæmic or congested condition entering as a factor.

Correspondence.

MUNCIE, IND., June 18th, 1880.

EDITOR MEDICAL ADVANCE:—In the June number of the ADVANCE is an article by H. C. Allen, M. D., in which he takes occasion to criticize Dr. Taylor on his treatment of Wabash ague. Now I would like to ask, what should be the aim of every physician in treating disease? The answer will be, to cure his patient. Now if that is the highest aim of every true physician, I do not understand why there is such a prejudice against the use of *Quinine* and *Chinoidine*, for the *Quinine* cures more cases of ague than all the other remedies together, and is oftener indicated than any other. Because a medicine has been used without discretion by the regulars is no excuse for raising a hue and cry against its proper use. If I understand Homœopathy we are to prescribe the remedy which shall correspond to the totality of the symptoms. If any one who has had much experience in treating malarial diseases will carefully read the incomplete proving even of *Quinine* as given in Pereira's or any other allopathic materia medica, he will there see almost a perfect picture of the malarial fevers, consequently he who gives *Quinine* in malarial fevers is prescribing according to the homœopathic law. Now I would like to know what sense there is in continually railing at those who see fit to

give something else than a little pill or the two hundredth of some remedy whose pathogenesis never has given us a picture of a malarial fever. Now I do not wish to be understood as saying that *Quinine* is homœopathic to all cases of chills and fever that a physician may meet, but that it is to the great majority, and clinical experience has proven that it will cure when we have the indications for its use. Dr. Allen says, "Dr. Taylor seems to doubt that *Nat. m.* 200 ever cured a real ague except by accident." Well I agree then with Dr. Taylor, for the most prominent symptom calling for *Nat. m.* is the hydroa on the lips, and when that symptom appears your ague is cured either by your remedies or by nature, and it makes little difference what medicine is given. I have known physicians to prescribe *Natrum, Puls.* and *Lycop.* for ague, and the patient continued to shake until he took twenty grains of *Quinine* without the knowledge of the physician, and was cured; the doctor, of course, thought it was the *Nat. mur.* that performed the cure. Clinical reports of such cases as the above, and such as reported by Dr. Allen to prove the value of *Nat. m.* are of very little value and only delude the young practitioners.

How often have we seen only temporary relief follow the administration of *Bell., Bry.* and other indicated remedies in those severe cases of remittent fevers which threatened to take on a typhoid type, if not arrested in their course when *Quinine* properly given checked the disease at once, and the terrible headaches ceased as soon as the system was brought under the influence of the drug. Clinical experience is the ordeal through which all theories with their applications must pass, and would the Doctor have us ignore entirely the clinical experience of all the other schools of medicine? They are full of Homœopathy and any or every cure that has ever been made by an allopathic (or any other) practitioner was made according to the homœopathic law. Similia similibus curantur is the only law by which a remedy can be administered and a cure follow, for through no other law can a diseased part be reached. I defy the allopaths to show that a cure ever was made when the remedy was given ac-

cording to the law of contraria contraris curantur. Now I would like to know if we have not a right to pick the golden grains of truth from the experience of other schools? Is it not our duty? There are many homœopathic doctors who think that whatever an allopath does is Allopathy, and if he gives *Quinine* they will denounce it, many times simply to gain the confidence of a class who have become prejudiced against it from its abuse. Many claim that *Quinine* does not cure but suppresses the chill, and that after a time it will return again and then will not yield to *Quinine*. Now, according to my observations, the chill will not return any quicker when broken by *Quinine* than when broken by any other remedy. Any one who has had an attack of malarial fever is liable to be attacked again if he continues exposed to the influence that caused it.

The inability of homœopathists to cure malarial fever with their little pills, has in many localities brought the practice into disrepute. Patients would be treated for weeks and but little impression be made on the disease, when he either would resort to patent medicines or go to the allopaths and be cured, much to the chagrin of the homœopath, with *Quinine*. A careful examination of genuine cases of ague cured by other remedies will show that a great part of them had taken *Quinine* enough to antidote the malarial poison, whatever that may be. Now if *Quinine* is homœopathic to ague, and it is to the majority of cases, why not give it and cure your patient rather than ransack the materia medica to find some other remedy that might cure? Then as true physicians let us rise above that narrow plane, on which some of our school would have us stand, and be homœopathists in the highest sense of the term.—A. J. PHINNEY, M. D.

sive odor perceived at some distance from the pond. That, he thinks, was sufficient to cause the outbreak, in connection with the peculiar weather which had prepared the people for the epidemic.

CHARCOAL AND ITS USES.—Charcoal, laid flat while cold on a burn, causes the pain to abate immediately; by leaving it on for an hour the burn seems almost healed when the burn is superficial. And charcoal is valuable for a great many other purposes. Tainted meat, surrounded with it is sweetened; strewn over heaps of decomposed pelts, or over dead animals, it prevents any unpleasant odor. Foul water is purified by it. It is a great disinfectant, and sweetens offensive air if placed in shallow trays around the apartments. It is so very porous in its "minute interior," it absorbs and condenses gases most rapidly. One cubic inch of fresh charcoal will absorb nearly one hundred inches of gaseous *Ammonia*. Charcoal forms an unrivaled poultice for malignant wounds and sores, often corroding away dead flesh, reducing it to one-quarter in six hours. In cases of what we call proud flesh it is invaluable. It gives no disagreeable odor, corrodes no metal, hurts no texture, injures no color, is a simple and safe sweetener and disinfectant. A teaspoonful of charcoal, in half a glass of water, often relieves a sick headache; it absorbs the gases and relieves the distended stomach pressing against the nerves, which extend from the stomach to the head. It often relieves constipation, pain or heartburn.

SIMPLE TEST FOR CHLORAL HYDRATE.—On adding the *Yellow sulphide of ammonium* to a solution of *Chloral* of moderate strength there is at first no change noticed, but in a short time the colorless solution acquires an orange-yellow color, and on longer standing turns brown, and evolves a gas of very disagreeable odor. Ogston's experiments show that a solution containing ten milligrammes turns brown in six hours, and gives the peculiar odor. With one milligramme the orange-yellow color appears in twelve hours, but no odor. *Croton chloral* gives the same reactions, but *Chloroform*, *Chloric ether* and *Formic acid* do not.

Book Notices.

Pathogenetic Outlines of Homœopathic Drugs. By Dr. Med. Carl Heinigke, of Leipzic. Translated by Emil Tietze, M. D., Philadelphia.

Another work on materia medica? Well! hardly, as it only professes to be "outlines of homœopathic drugs;" and a careful perusal will convince the reader that it is only what it professes to be, nothing more. From its excellent "make up" it is easily recognized—without looking at the imprint—as the work of the well known publishing house of Boericke & Tafel, of New York, and Philadelphia, in whose labors in behalf of the literature of our school every practitioner has good reason to feel a justifiable professional pride. Coming, as he does, from the land of Hahnemann, we should have expected something more or better from this talented author than a string of generalities and mere "outlines of drugs" as an apology for a work on homœopathic materia medica.

The introduction is clear and explicit, and has the ring of the genuine metal in it; but it is so totally different in all essentials,—all that goes to make a useful work on materia medica—from the subject matter of the text, that were it not for the assertion of the author to the contrary, we should very naturally come to the conclusion that it was written in Philadelphia, probably by the translator. Any one who purchases the book on the recommendation of the introduction, will be sadly disappointed when he attempts to individualize a case in practice.

Then again, one of the fundamental tenets of our school, the one which has given us our distinctive appellation, and on which all our substantial victories have been won, is more glaringly violated than in any work on materia medica ever issued from the homœopathic press. The principle so persistently inculcated by Hahnemann in all his writings, and so strenuously insisted upon by Dunham in all his teachings, viz.: that each remedy has a distinct individuality peculiar to itself, is here boldly controverted. Heinigke not only ignores individuality, but teaches the pernicious doctrine of substitution. In the preface to *Calcarea* he says, "The characteristic features of *Calcarea* will, most appropriately, be treated under the *Carbonate of lime, since no constant and well marked differences of the other preparations of Lime,** employed in practice, especially in the higher potencies, can be offered with regard to their action upon the healthy body." We should expect such teaching from a Bartholow, a Ringer, or Scudder, but not from a German homœopath.

*Italics mine.

Again, in the article on *Phosphoric acid*, the author says, "I consider myself justified in expressing the opinion that, starting at the third centesimal potency, the effects of the potencies of *Phosphorus* and *Phosphoric acid* are entirely identical."

Plumbum acet. and *Met.*, are given as one remedy. *Nat. carb.* and *Nat. mur.*, *Carbolic acid* and *Kreosote*, etc., are indiscriminately commingled. The *Mercuries* in particular, are "boiled down" to the minimum. In the "summing up" of *Mer. cor.*, the following sage advice is seriously given: "All the remaining mercurial preparations (*Mer. flav.*, *Mer. pr. ruber*, *Cinnabaris*, *Mer. iodide*, *Mer. ruber*, *Mer. cyanatus*) may be dispensed with in acute inflammatory diseases, if we prescribe *Mer. cor.* in the proper form." The only redeeming feature is that *Mer. cor.* and *Mer. cyan.* are "never to be used lower than the third centesimal potency," by which he means "the proper form," no doubt. But, "in a number of cases belonging to this category (acute inflammatory diseases) the favorable action of *Mer. subl. cor.* seems to be essentially assisted by interposed doses of *Belladonna*.

This work appears to have been especially written and opportunely translated for the benefit of the new "modern college," at Buffalo, and we opine that the editors of the Buffalo "Investigator" will hail its advent with delight. It should at once be placed at the head of the list of text books for the benefit of the students of that "modern" institution. "The repertory, added, has been compiled by Dr. Puhlmann," referred to in the preface, we have been unable to find, after a most diligent search. We sincerely trust, however, that when it appears it may clear up, and render available in practice the "generalities," "specialties," and "employment among the sick," under which rubrics we have many bewildering general indications.

The "generalities" of *Sulphur* are a fair sample of the character of the work—applicable alike to *Sulphur* and some forty or fifty other drugs, but to find out the characteristic indications in any given case, the student must refer elsewhere for particulars.

The pathological terms in which so many of the symptoms are given, can only aid in confusing the student, and preventing a clear conception of the range of our remedies in daily practice at the bed-side. It can only give a downward tendency to the busy doctor; never elevate him in his work, or clear up doubtful points in a difficult case. The finer shades of difference between drugs must be carefully individualized if we would perfect our materia medica, and the teaching of this work is not in that direction.—H. C. A.

Ziemssen's Cyclopedia of the Practice of Medicine. Vol. XVI. Diseases of the Locomotive Apparatus and General Anomalies of Nutrition.

The present volume is one of the largest and most important of the series. This will be seen from the following list of subjects treated, and the names of their authors. Senator treats of rheumatic affections of the joints and muscles, including polyarthritis, rheumatica acuta, gonorrhœal arthritis, arthritis rheumatica chronica, muscular rheumatism, psoitis and peripsoitis, gout, arthritis deformans, rickets and malacosteon; Seitz treats of disorders caused by cold; Immerman treats of general disorders of nutrition, such as anæmia, chlorosis and progressive pernicious anæmia; Immerman treats of corpulence; Bech-Hirschfeld of scrofulosis, and Senator closes the volume with diabetes mellitus and diabetes insipidus. We do not need to add a word of commendation to what we have already said of the other volumes, either considered separately or as constituting the most extensive treatise of medical practice ever before attempted. It will not be possible for years to equal or excel this gigantic production in literature. It will stand as it is without a peer among medical publications. Our sincere hope is that the homœopathic school may demand, before long, something of the sort adequate to its growth and increasing wants. Meantime we commend these truly royal volumes to all our readers.

Hand-Book of Physical Diagnosis. By Dr. Paul Guttmann. From the third German edition. By A. Napier, M. D. With colored plate and eighty-nine engravings. Wm. Wood & Co., New York.

This is part of Wood's Medical Library for 1880, and forms an excellent addition to our American literature. The author includes in his work explorations of the throat and abdomen, as well as the thorax, and the student will be especially pleased with it, on account of the extent and accuracy of detail, as well as completeness of the subjects treated. It must be remembered that this book costs, in connection with the entire series, only $1.25. We have seen nothing we like better than this, and cordially commend it to our readers.

Foreign Bodies in Surgical Practice. By Alfred Roulet, M. D. Vols. I and II. Wm. Wood & Co., New York. 1880.

We have here two volumes containing the most unique contributions to medical literature that we have ever seen. The author has almost constructed a new department of medical art, and erected it into a specialty. The publishers have laid us under lasting obligations by including these

in their library for the present year. The surgical student will hardly fail to read these, and, what is more, carefully study them, for he can not find elsewhere so much important information upon this matter of Foreign Bodies.

Popular Science Monthly. D. Appleton & Co., New York. Price $5.00.

The August number is replete with valuable information. No physician can afford to be without this journal. The scientific knowledge it contains is so simple and practical that the careful reader can keep pace with almost every new discovery and phase of modern thought. Do not fail to subscribe for it. See our subscription list.

Boston University Year Book, 1880.

This large and interesting annual affords us much pleasure by a perusal of it, for we find most substantial proof of advancement in educational work. President Warren's address is a fine and scholarly presentation of "Hopeful Tymplains in Medical Education." The medical department makes a splendid showing, for it has entered earnestly upon its advanced requirements of a preliminary examination and three courses of lectures. We believe this school means to do just what it says. We heartily wish it success.

Diphtheria. Homœopathic Treatment. By De Forest Hunt, M. D., Grand Rapids, Mich. Pp. 102. 12mo.

This little work has been on our table for several months. We beg the author's pardon for our delay in noticing it. We have now looked it carefully through, and give it our cordial approval. We hope the work will be extensively read, and as it abides by the only true law of cure we hope it will be universally followed.

Indications for Twenty-five Remedies in Intermittent Fever. By T. P. Wilson, M. D. Boericke & Tafel, New York.

So it seems that our literature has taken a rise. This ponderous addition to medical science will render further progress useless, if not impossible. The world is now redeemed—from malaria at least. Not only are its effects most likely to be antidoted, but there is no excuse for the thing itself remaining longer on the face of the earth. "Fever and ague must go." This is what one can read between the lines. So much for the author's

short residence in Michigan. This makes the second celebrated writer upon intermittents, connected with the Homœopathic Department of the University of Michigan. One writer has one hundred and ten, and the other, twenty-five cures for ague. What will their allopathic neighbors say, who have only one remedy for this dread disease? Will there be a falling off in the quotations of *Quinine?* We think so, if this little book is studied and carefully followed.

A Hand-Book of Skin Diseases, and their Homœopathic Treatment. By John R. Kippax, M. D., etc., etc. Duncan Bros., Chicago. Pp. 208.

We can but give high praise to this work, provided it is understood to be an elementary treatise merely. It is well suited to the wants of the student or busy practitioner. It is well gotten up, and will prove to be a useful addition to our literature. We fancy the "experienced eye" which finds "the diagnosis of cutaneous affections an easier task than that of any other class of diseases," is a rare bird. This book will help considerably to that end, but to the specialist it will hardly fill the bill. For a hand-book, however, it merits great praise.

Materia Medica and Therapeutics. Arranged upon a Physiological and Pathological Basis. By C. J. Hempel, M. D., and H. R. Arndt, M. D. Vol. I. W. A. Chatterton, Chicago.

The first pleasure we experience in opening this splendid volume is induced by the almost faultless typographical execution which is shown in its production. Sufficient praise can hardly be given the publisher for the success of this, his maiden effort. Our enthusiasm is somewhat cooled by encountering the preface, in which we find much to regret. For this, we are assured, the junior author is in no wise responsible. Our good Dr. Hempel, like other mortals, had his limitations, and such was his positive and outspoken nature that he could not help revealing his weak points. Our exceeding love for the dear old man compels us to seal up these preliminary pages, and go on with our study of other parts of this great work. It was our individual wish that the preliminary lectures, now fortunately reduced to only forty pages, be wholly excluded from this edition, and this on account of the controversial matter they contained, and the dogmatic character of the teaching. That they have been greatly improved is beyond question. We are struck with a peculiar contradiction between the following statements:

Page 10, preface. "By way of illustration let us consider a grain of sand on the ocean shore as equivalent, in size, to a molecule of the third trituration. A grain of sand has been crushed, and a living animalcule

has been discovered within its recesses. Such an inconceivably minute creation may be possible to an Almighty Creator, who may even endow this microscopic entozoon, with organs still more inconceivably minute than itself. But as far as we know, even Almighty Power has set limits to the creation of its atomic quantities. Now here comes your high potency maker, boldly defying the Almighty, and telling Him that he can do what the Creator himself has not seen fit to accomplish. He can take the fragments of the grain of sand and crush them again an hundred thousand times in succession, and call upon the credulous in our ranks to accept these mythical spooks as realities. Where is he to obtain an edge sufficiently fine to split these imperceptible, intangible, unimaginable, and unmeasurable quantities?" So much for the Preface. In the introductory, page 34, we read: "One drop of the tincture of *Aconite*, shaken with nine drops of *Alcohol*, gives us the first decimal attenuation; one drop of this first dilution, shaken with nine drops of *Alcohol*, makes the second decimal dilution or potency. This process has been continued up to the one, ten, hundred, thousand, yea, to the one millionth potency, and though it seems there must be some limit to this thing, it is by no means safe to predict where that limit will be found. The use of infinitesimal doses is one of the characteristics of our practice, and while there is nothing essentially absurd in the practice of so-called infinitesimal, it has been held up as unphilosophical, unscientific and absurd." Yea, it has been so held up by the good Doctor himself, but this latter statement seems to be his sober second thought, and we accept it as the better of the two. We have no space at present to examine the body of this work. Perfection is not claimed, nor is it reached, as we are painfully aware, but a degree of success is obtained that is pleasing to look upon. Dr. Arndt, in his associate capacity, has evidently done no inconsiderable part of the work. For the faithfulness with which he has performed his delicate and important task he deserves our thanks. We understand the second volume is well under way, and, when completed, we will have a substantial and invaluable addition, not only to this particular department, but to literature in general. We are quite sure Hempel and Arndt's Materia Medica will long hold a foremost rank.

CLINICAL THERAPEUTICS. By Temple S. Hoyne, M. D., Chicago. Part VIII. Price $1.00. We have nothing to add to our commendation of this work already expressed. It grows in value as it approaches the conclusion, and the possessor of it will have in the end two volumes of great value, which will bear daily consultation.

RECEIVED.

HOUSE'S ANNUAL DIRECTORY Homœopathic Physicians of Michigan, 1880.

THE EFFECTS OF TRITURATIONS, With Observations on the Mechanical Divisibility of Metals and Hard Substances. By C. Wesselhoeft, M. D., Boston.

E. B. TREAT, Publisher, 757 Broadway, New York, announces "Photographic Illustrations of Cutaneous Syphilis," a companion work to the Skin Diseases already several times noticed in this journal. We feel assured it will sustain the high reputation of the publisher, and be a work of unrivaled excellence.

We have just received from the above publisher, parts 11 and 12 of Photographic Illustrations of Skin Diseases. The entire set contains "forty-eight colored plates taken from life," and we pronounce them the most perfect thing yet produced in that line.

Editor's Table.

DR. EATON'S work on Gynæcology is rapidly going through the printer's hands. Dr. S. R. Beckwith went to Cresson Springs, Pa., for his health. Dr. J. D. Buck went home, to visit his family in New York. Dr. Slosson will enter business with Mr. Brown, his son-in-law. Dr. A. C. McChesney moves to Walnut Hills. Dr. Saltmarsh and family have moved to Boston. Drs. Sargent and Haerr have dissolved partnership, and Dr. Sargent leaves the city for his health, but Dr. Haerr enjoying good health and a fine practice, has his office at 166 W. Ninth street. Dr. T. C. Bradford's interview on the "new disease" of this locality, was published; we know not where to put this affection in the nosological classification. Dr. M. R. French has opened an office at 445 E. Third street.

FIFTY French ladies are studyiug medicine in Paris.

A PETITION with 7,000 signatures of medical men was presented to the English Parliament, originating in the British Medical Association, opposing vaccination.

* * "GAINING ground steadily. What a glorious field the South is for Homœopathy, and how we need some good men here. * * Good

men can make fortunes here. Sincerely yours, G. E. BLACKBURN, M. D., Shreveport, La.

THE Homœopathic Medical Society of Southern California has just completed its organization. We wish it may live longer than its name, and continue to do good work. Officers for the ensuing year: Dr. S. P. Lord, President; Dr. A. S. Shorb, Vice-President; Dr. R. E. Pierce, Secretary, Los Angeles, Cal.

DR. D. D. MILES, of Boonville, Mo., a good homœopathic physician, has received the appointment of examining surgeon for U. S. Pensions.

DR. I. H. DIX is a whole community in himself; he being head center and possessor of Inman, Ks.

A PROMINENT medical college in New York has three persons to fill the chair of materia medica, one of whom is designated to fill the department of homœopathic materia medica.

Chian turpentine is demanded now for the cure of cancer, by allopaths. Its career, we predict, will be similar to that of *Candurango*, a few years ago.

DR. M. T. RUNNELS, of Indianapolis, Ind., is giving special attention to sanitary science. A late copy of the Indianapolis News contains an able paper on the analysis of the local water.

A FEW scholarships in homœopathtc medical colleges, offered at special rates. Address SCHOLARSHIP, this office.

WANTED.—A few copies of Nos. 2, June 1877; Nos. 3, July, 1877; No. 11, March 1878, of vol. V. Will pay 50 cents for No. 2, and 25 cents each for Nos. 3 and 11, at this office.

MR. GEO. F. BEARDSLEY has opened the Pacific Homœopathic Pharmacy, at San Francisco, Cal. We bespeak for Mr. Beardsley success.

Erythroxylon coca is the latest suggested remedy to antidote the effects of *Morphia*. It simply substitutes the place of the active principle of *Opium* by another active agent.

THE insertion of the finger through the external os to the internal os, but not beyond, as danger then is incurred, has frequently stopped excessive vomiting during pregnancy.

IN THE report of a benevolent society occurs the following: "Notwithstanding the large amount paid for medicine and medical attendance, but few deaths occurred during the year."

DELICATE test for *Albumen:* "Add solution *Ammonia* until urine or other liquid is just alkaline slightly, then add *Acetic acid*, until a very slight acidity is produced. Separate the liquid into two test tubes, and boil one. The slightest turbidity, as compared with the other, will indicate presence of *Albumen*.

ALL homœopathic physicians in central Ohio are requested to meet in Columbus, September 2, for the purpose of organizing a Central Ohio Homœopathic Medical Society. A large attendance of representative men is already promised. Further particulars will be furnished, on request, Dr. by JOHN C. KING, of Circleville.

SUN STRUCK (?).—He was both unconscious and noisy. He was placed upon a cot and ice piled about his head. After he had been quiet about fifteen minutes amid his frigid surroundings, Dr. Robinson stepped by the side of the cot and said to the nurse: "There's more whisky there than sun." "You're a liar!" exclaimed the patient, "It's beer."—E. A. G., St. Louis.

DAILY MEDICAL RECORD. The well known medical publishing house of Wm. Wood & Co., issued a daily report of the proceedings of the American Medical Association, during its recent meeting in New York. Such enterprize is highly commendable.

EPITAPHS.—

HERE lies the body of Mary Hatch,
Who has ended life's strange story;
She slipped, one day, on a parlor match,
And was carried off to glory.

THIS stone is sacred to Horace Munn,
Who could eat from dawn till set of sun;
One day he ate till he fairly bust,
Ashes to ashes and dust to dust.

BENEATH this grave slab rests in peace,
Our aged cook, Jane Skinner;
The stern death angel snatched her off
While shelling peas for dinner.

WESTERN ACADEMY OF HOMŒOPATHY.—President G. S. Walker's address is published in full, in the Medical Investigater, July 1. It is a remarkably fine effort, and we hope it may be issued in pamphlet, and widely distributed. Don't fail to read it, all ye fossiliferous bigots.

COLLEGE ANNOUNCEMENTS.—Hahnemann Medical College, Philadelphia; thirty-third announcement. Pulte Medical College; eighth annual announcement; Dr. G. C. McDermott will deliver opening address, September 29th, 1880.

MICHIGAN UNIVERSITY, HOMŒOPATHIC DEPARTMENT.—Students must report for examination on September 29 and 30, at 2 p. m. The lecture course will begin Friday, October 1st.

LECTURE FEES Homœopathic Department Michigan University: Resident students, first year, $30; second year, $20; third year, $20; total, $70. Non-resident students, first year, $50; second year, $25; third year, $25; total, $100. Graduation, $10.

THE PHILADELPHIA RECORD, one of the ablest and most enterprizing of the daily papers of that city, has, almost unaided, brought the bogus

diploma mills of that city, to a close. It has unearthed and exposed the whole affair of the so-called medical colleges of Buchanan and Paine. We are surprised to find some familiar names among the diploma holders. There are several thousand of them, and we shall keep the list on exhibition.

SUPPLEMENTS Nos. 5 and 6, of the National Board of Health Bulletin' are full of very valuable information. They may be had by addressing the Board, at Washington.

DR. TANNER, of Minneapolis, went to New York to starve forty days. Dr. Hammond, of that city, forthwith made an ass of himself, by asserting first, that the experiment could not be performed, and secondly, that it would not, if performed, amount to anything, unless the enterprize was in the hands of the allopathic doctors. Poor Hammond! He thinks more of his brethren than he did when he told them they did not know how to use *Tartar emetic* and *Quinine*, and that because they were killing soldiers by ignorant use of these drugs, he would strike them from the supply table.

WOOD'S Library of Standard Medical Authors for 1880. No. V. contains fac simile plates of Savage's Female Pelvic Organs. This is a rare opportunity to get a most valuable work at a very moderate price. The plates are simply beautiful.

TWENTY-FIVE CENTS will purchase fifty scientific lectures by Tyndall, Huxley, Roscoe and others. We can recommend them as first class. Send to A. K. BUTTS, 13 Dey street, New York. Get them for your children.

ONE CASE OF YELLOW FEVER occurred in New York last month. The doctor (?) gave the patient "a cathartic, followed by forty grains of *Quinine*. And he died, of course—we mean the patient, not the doctor—and so they had a jolly post mortem. It was rather hard on the patient, but post mortems are so necessary. Suppose they had known enough to treat the patient in a scientific manner, and he had recovered, as he probably would, what a disappointment to the gentlemen who dote so much on pathology! But remember, anybody can hold a post mortem, but there are few who can intelligently treat disease.

AN ALLOPATHIC journal thinks the report of the "Milwaukee Test" the most damaging thing that was ever brought against Homœopathy. And it calls attention to the fact that "these statements do not come from the opponents of Homœopathy, but from its own adherents, and not from a local or partial source, but from a select body representing the more intelligent portion of the sect." This is not flattering to the old school fellows who have spent so much ammunition on the homœopathic "delusion," and now find themselves so easily outdone. And how very kind in the "sect" to adder-like sting itself to death. However it is not best to engage an undertaker yet. The funeral may have to be postponed on account of the weather.

CINCINNATI MEDICAL ADVANCE

T. P. WILSON, M. D., EDITOR. ANN ARBOR, MICH.

J. P. GEPPERT, M. D., ASS'T EDITOR. CINCINNATI, O.

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CONSTANTINE HERING. The heroic old man is dead. Here ends one of the grandest epochs of medical history. Henceforth on her fair pages shall stand four score years marking the life and labors of CONSTANTINE HERING. What a magnificent spectacle is the production and completion of such a man! What a crown of glory it places upon the brow of humanity! What a priceless gift is such a life to the human race! What a harvest of intellectual wealth is now gathered in by the death of this great man! Like some choice ceramic, he passed unharmed through the fires, and became more and more beautiful as the flames of adversity burned deeply into his moral and mental natures the immortal colors of a deathless life. CONSTANTINE HERING WES a born leader of men, because of his high intellectual endowments and his whole-souled devotion to truth. It is a supreme happiness, to us who live to-day, that we have seen such a spotless life completed. He lived and worshipped at the shrine of Nature, and when his days were numbered he fell into the mighty arms of the All-Nature which had cradled him in his infancy, and in that great bosom, the love and power of which no man knows, CONSTANTINE HERING sleeps the sleep of the just.

THE LAST Hahnemannian Monthly shows us a Nashville doctor in a rage. The gentleman in question, always good natured, except on rare occasions, read a paper before the American Institute of Homœopathy, at Milwaukee. Considerable discussion preceded and followed the reading

of the paper aforesaid. On motion of a gentleman from Wisconsin the secretary was ordered to strike that paper, and all that related to it, out of the minutes; and the carefully prepared paper—and a very good one it was, too—was swept into the waste basket. It was the gentleman from Nashville and his friends who were sat down on, and don't you forget it. *Hinc illæ lacrimæ.*

A NEW FACULTY.—We stumbled upon the following in a recent number of a medical journal: ALFRED L. LOOMIS, M. D., Professor of Pathology and Practice of Medicine; SAMUEL R. PERCY, M. D., Professor of Materia Medica; F. LEROY SATTERLEE, M. D., Ph. D., Professor of Chemistry, Materia Medica and Therapeutics; JAS. ATKIN MEIGS, M. D., Professor of the Institutes of Medicine and Medical Jurisprudence; W. W. DAWSON, M. D., Professor of Principles and Practice of Surgery; ALFRED F. A. KING, M. D., Professor of Obstetrics; D. T. YANDELL, M. D., Professor of Science and Art of Surgery; L. P. YANDELL, M. D., Professor of Clinical Medicine, Diseases of Children, etc.; ROBERT BATTEY, M. D., Emeritus Professor of Obstetrics.

Curious to know what college these well known gentlemen had concentrated their talents upon, we perused the document to which their names were attached. It proved to be nothing of that sort. It was surely, then, something pertaining to medical science. Again we were disappointed. It was an advertising dodge, that was all. It was a so-called "patent medicine" preparation, to aid the proprietor of which to sell, these medical luminaries had given their professional sanction. In a half dozen exchanges upon our table we find the same peculiar and striking arrangement of these great names. If such men be the lights of the profession, is it any wonder that darkness covers the land? Look, O, ye lesser men, and behold what these greater men can do, and yet assume to be your guides and teachers! It is barely possible these renowned gentlemen are not aware of the use being made of their potential names. They may not take the medical journals, or they may not see the advertisements. Both are possible, and neither probable. This is what it is to be great in a medical way. The ancient fathers were renowned for what they did for the advancement of medical science. These modern fathers have learned a cheaper, perhaps a more profitable way. To each of these names is attached the name of the institution to which these gentlemen respectively belong. We have not copied that part, but they represent eight different medical colleges. And these colleges are all "regular" and "orthodox," and nothing is not ethical. All this is *infra dig*, and for the sake of diseases and professional honor, and a plain sense of propriety, should be stopped. We can not recognize men who do these things. We, too, have sinned thus, but are wiser grown.

A CURIOUS MISAPPREHENSION exists in the minds of not a few as to the character of the address delivered by Dr. BERRIDGE, of London, at the Milwaukee meeting of the American Institute of Homœopathy. Some man of narrow mind, in the heat of the discussion upon that address, suggested that Dr. BERRIDGE was assuming to teach Americans "How to Advance Homœopathy" in the United States. This seemed imprudent, if not impudent, on the part of any Englishman. There was just enough of the *ad captandum* in this suggestion to make it popular with the thoughtless. And, so Dr. BERRIDGE must bear the opprobium of having attempted to lecture his superiors (!). But, as a matter of fact, nothing was further from the mind of Dr. BERRIDGE than this. Only a bigot or a partizan could conceive of medical science as limited by nationality. To assume that Homœopathy belongs to America, is worse than childishness. Dr. BERRIDGE, by invitation, stepped upon the broad and catholic platform of the American Institute of Homœopathy—a platform that had been before graced by HUGHES, and by POPE, and rightly assuming to hold an interest in the cause of Homœopathy, in common with his American brethren, he did what he could to help the good cause forward without a thought, that what he said could especially apply to America or England, or any other nation. He was too cosmopolitan for that. "How Can We Advance Homœopathy?" was the specific title of his address, and there was nothing in it that smacked of advice to his American confreres. Gentlemen might differ about the matter of his address; they could object to his manner only under a narrow view of its application.

Theory and Practice.

Diphtheria. By R. B. Johnson, M. D., Ravenna, O. Read before the Homœopathic Medical Society of Ohio.

This is a disease that has engrossed the attention of the medical profession for years past and will continue to do so for years to come, or until we can all say to it, "thus far but

no farther." As it is now there is scarcely a town or hamlet in our whole country that has not had a visitation from it at some time in the last quarter of a century, and many a home has been broken up or made desolate by its ravages, while in Russia whole districts have been laid waste by its visitations the past winter, and it therefore behooves us as guardians of the health and happiness of our several communities to be able to cope with this enemy of mankind and stay it in its ravages.

That there are different varieties or forms of this disease we verily believe, but still all coming under the same generic name of Diphtheria. There is the mild form, that which does not produce much constitutional disturbance, but there is redness of the fauces with some cankered spots; some inconvenience in swallowing, with some fever and some headache. Then there is a second variety that has most of the symptoms of the first, only in an aggravated form, where the tonsils, or fauces, or both, are much swollen and covered with a thick, rough and ragged exudation, making it very difficult and painful to swallow; there is high fever and severe headache, and to an inexperienced person they seem to be very bad cases, but these as well as the first yield readily to the proper treatment and usually in a short time.

But there is a third variety that comes on so imperceptibly that before the patient or friends are aware of it it has fastened itself so firmly upon its victim that it is very loth to let go its hold. This is the malignant variety. When called to see a patient attacked with this variety, especially if we are called in the early stages, we do not generally find a high fever or much swelling about the throat, but we see that one or both tonsils, or some part of the fauces have a thin, slick, shining, either white-gray or dark exudation, or it may somewhat resemble a blister, or there may be only a few streaks of exudation, not more than half inch to an inch in length, and an eighth to half an inch in width, but having the above mentioned characteristics. They do not at first produce much inconvenience to the patient, and if a small child it may not be noticed until it has produced constitutional symp-

toms, and to one not experienced in this disease, he might think it of small consequence. But beware, we have an enemy to deal with that will prove more than an equal for us unless we destroy it in the beginning, for these are the beginnings of malignant diphtheria. Unless arrested in the beginning this exudation spreads and thickens, covering the whole of the fauces and tonsils, and may extend to the larynx and produce croupous diphtheria and strangulation, or it may extend to the stomach or bowels, causing great retching and vomiting and diarrhœa, or it may extend to the nares and fill them up so as to prevent breathing through them. We soon have all the symptoms of blood poisoning; we are apt to have hemorrhages from the nose and other orifices; there will be a thin, yellow, watery discharge from the nose very soon after the nares are affected, and we have the peculiar odor that belongs to malignant diphtheria, which becomes extremely sickening and offensive; the patient becomes prostrate and does not want to eat or swallow anything, and if a child it is almost impossible to get them to take any nourishment whatever. Children are more liable to attacks of this disease than adults, though the latter often have it in its worst form, and often die with it too.

This disease may come sporadically, or it may be endemic or epidemic. Sometimes when there are no cases in the country it will break out in a few cases in its very worst form and then subside for months before it again makes its appearance. We have observed that the seasons of the year have nothing to do with its malignancy, and that it is as apt to occur in cold or hot, wet or dry, or in the very pleasantest kind of weather, with the same violence. It is generally supposed that it is contagious in its character, but that it is so in the same degree that measles or varioli are we deny, for in these nearly all that are exposed who have never had them take them, while in diphtheria one in a family may have it and all the rest escape. Sometimes most of a family will have it and the few escape, and then those that have had it are just as liable to take it again. Those that have it in its mildest form may give it in a malignant form, and those of a

malignant form may give it in a mild form. It is no respecter of persons, but is as apt to attack those in the most elevated ranks of society, as well as those of the most humble, and we have sometimes thought that it was afraid of filth and dirt, and preferred to be found in good society.

In the treatment of this much dreaded disease there are a few things to be observed that are of vast importance, and the first is that we see the patient as soon as possible on the appearance of the first symptoms, and thus if possible, stop it immediately, for many a life has been sacrificed by a few hours delay. The second is that they are not allowed to take cold and thus bring on a relapse, for such cases are most sure to be fatal.

To illustrate, in January, 1879, we were called to see a very promising little girl about seven years of age. We found her suffering from an attack of the second variety and was suffering intensely; headache, high fever and vomiting, and was delirious. Prescribed for her and called next morning and found her sitting up playing with her dolls, with no fever and no diphtheria, only a little redness and soreness of the throat. Gave a little more medicine and dismissed her, but during that day she took cold, and the next morning we were sent for again and found her suffering very much with the malignant form of the disease, and in spite of all I could do she died in five days from that time, her system being thoroughly poisoned and the membrane extending into the larynx causing suffocation.

The next morning after this one died we were called to see another little girl nine years of age, and found that she was attacked with the malignant form but just commencing. We prescribed, and on our visit the next morning found her nearly well, but she was not cared for as she ought to have been, being allowed to go out of doors, to dabble in cold water, and the next day we were again sent for, and found that she had taken a relapse and the disease had such a hold on her that she, too, succumbed to it after a hard struggle and severe suffering. More might be added, but these are sufficient to show the importance of care to prevent a relapse.

The next item of importance is that we see to it that the patient is supplied with nutritive food and enough of it, and that they take it, for it often depends upon this whether they live or die. Another important item is that we see that our patients have as good air to breathe as is possible, and that it is of the right temperature, and that no draft be allowed to blow upon them.

In our remedial treatment we have a great many remedies that have been reported to cure diphtheria, but there are a number so reported that we have never used, not being able to see any indications for them. We generally rely upon some of the following: *Apis*, *Ars. iod.*, *Bell.*, *Bromine*, *Canth.*, *Kali bich.*, *Merc. prot.*, *Lach.*, *Lycop.*, *Nit. acid*, *Calc. chlo.*, *Phytol.*, and may be a few others. In the first form *Bell.*, and *Kali bich.*, usually cure, and we would here state that the only cases when *Kali bich.* has ever done any good for us is where the disease seems to eat into the parts like ulcers, with very red edges, and in these cases it always cures. In the second form *Bell.* and *Merc. prot.* relieve most of the cases, as they are nearly always the indicated remedies. But in the malignant form we have a wider range of remedies to select from, and we should take the greatest care and select the right one on the start, or we lose time and thus jeopardize the life of our patient. We will give but few of the leading characteristics or "key notes" in these cases, and refer you to the materia medica for the rest.

Apis is a good remedy if the parts are very red, and the uvula swollen and infiltrated with stinging pains.

Canth. If there is a burning feeling, and the exudation looks like blisters.

Lach. Where it begins on the left side and extends to the right, and up into the nostrils; when attempting to swallow liquids they run out through the nose; can not bear to have anything come in contact with the outside of the throat.

Lycop. When it begins on the right and extends to the left; great fullness on eating a little, with much rumbling in the bowels.

Calc. chlor. When there is much swelling of the tonsils and glands of the neck.

Nit. acid. Where the disease is in the nares; where the discharge that runs out on the upper lip and makes it sore.

Bromine. In croupous diphtheria, the way we use this remedy is by inhalation; take a teapot—for want of something better—and put in some hot water, and put a few drops of the first or second dilution in that, and close the lid, and let the patient inhale from the spout, care being taken that it does not scald. By keeping this up we can often get relief, and save our patient.

In regard to topical appliances, gargles, etc., we would say that when the throat is much swollen we have used salt fat pork bound on, and think that it helps to soften the parts, and it helps to satisfy the friends and keep off various other applications recommended by every one that happens to come in, and wants to know why they do not "do something." We have used for gargles *Kali chlo.*, *Kali perman.*, and diluted *Alcohol*, and have thought that we received benefit from them all, and again we could not see that they did any good. We give the preference to *Alcohol*, and when the patient is too small to gargle we have them take a swallow of it, every hour or two. We have also used *Sulphur*, blowing it onto the exudation every two or three hours. It seems to dry it up, and we think now that it is the best local application we ever used.

Our prophylactic treatment is to have those that are exposed to gargle their throats several times during each day, with diluted *Alcohol*, or a weak solution of *Kali chlor.*, and where children are too small to gargle we give them a swallow or two of the same. This, we believe, will prevent most persons from taking the disease, and in this case we believe in the old adage that "an ounce of prevention is worth a pound of cure," and it may prove worth several pounds.

Sanitary Science, and the Germ Theory of Disease. By E. R. Eggleston, M. D., Mt. Vernon, O. Read before the Homœopathic Medical Society of Ohio. Part II.

We turn now to another division of the subject. In epidemic diseases there are constantly present two characteristics: a morbific principle, the miasm or virus, and the means for its perpetuation and dissemination. They are expressed in the terms infection and contagion, which may be defined as follows:

Infection is a vitiated condition of the atmosphere, which, by its peculiar properties, predisposes to attacks of disease by its power of depressing, even to a fatal degree, the vitality of animal bodies.

Contagion is the communication of a disease from the sick to the healthy, either by direct contact with a part affected by the disease, or through the medium of the excretions or exhalations from the body.

These elements are seen to be general and special; the one atmospheric—the infection or miasm, the other the product of the devitalization of animal matter—the contagium; the one immaterial to means and methods of demonstration, the other material in that it has form and substance; the one a cause of the tissue change, the other its product.

To the germ is conceded the power of dissemination, although not exclusively, for its agency being that of a carrier it follows that other substances may be equally capable of transmitting the infective or contagious material. The further concession is made that the presence of the propagating masses of bacteria present formidable or even fatal complications in some diseases, from the fact of their interference with the function of the organ or tissue involved. It is further admitted that a body absolutely free from infection may become diseased from the contact of a disease germ, provided that the germ is propagated in a diseased body, or an infected atmosphere. It follows then that all disease manifestations which are not the result of germ growth, are

traceable to the action of the noxious agent that produces the peculiar condition of the tissues which invites the germ, and which is termed the infection.

Let us examine the claims of the germ theoriests more closely. They claim that bacterial germs fix themselves at a certain point, which becomes the "point of inoculation," and from thence the disease radiates throughout the organism. Placed within necessary restrictions the statement is true. The first modifying circumstance is this: no previous infection, either of the body or germ, is admitted, which, according to their own terms, is essential to the development of the disease. The second restriction is this: either uncontaminated or infected germs are made causative indiscriminately. This is unfair, for by the results of experiments instituted by the very men who set up the claim, it is proven that while the disease can be transmitted by means of germs taken from diseased organisms, it can not be transmitted or caused by unpoisoned germs.

Again, they claim a progressive accumulation of bacteria in the organism. How then is the abrupt onset of the disease to be accounted for? And further, is it either logical or comprehensible that the process of propagation or proliferation being under full headway, it should suddenly cease as from self-limitation? A prime basis of the germ theorists is that the accumulation is practically unlimited, provided a nidus is furnished, and a living animal body is claimed as a nidus. What possible limit can there be then but death? Besides, and mark it well, under a theory of limitation, the anology between this and the process under nature's method, which is their starting point, is completely overturned, for the accumulation in nature is limited only by the amount of matter to be transformed, and never ceases until the transformation is complete.

Again, Oertel claims this in his treatise on diphtheria: "Before any exudation or destruction of tissue has occurred, even in the very beginning of the disease, these organisms are already present." In this declaration positiveness of statement stands in substitution for scientific accuracy. No-

body will dispute the fact that these organisms may be present at the beginning of the disease; but his major proposition is that there is no disease until parasites are present. But in all fairness let him explain. I quote again: "It develops spontaneously, its origin being a miasm." After describing certain cases, he says; "It is then to be explained only by the theory that the disease has been produced by the action of some miasm, some noxious agent, but the nature of which is not yet known." How the opposing propositions are to be reconciled passes my comprehension. Neither is comfort to be found in his experiments. He caused the growth of a croupous membrane in animals by the application of *Ammonia*, and yet, although the exudation furnished a soil entirely similar in histological and chemical character with that of diphtheria, failed to find in it any of the characteristic bacteria; and even the "micrococci commonly present in the mouth" having been placed upon it, failed to propagate. In other experiments bacteria from diphtheritic exudations were transplanted, when the characteristic growth ensued. The only rational deduction from these experiments is that the micrococcus, of itself, is not the infective agent, but if propagated in a poisoned tissue it becomes an active disseminator of contagious material. He very candidly admits, notwithstanding its adverse bearing upon his conclusions, that in "often repeated inoculations with various decomposing tissues, filled with their characteristic bacteria," he failed to find that any of these species "found their way into the blood, or underwent further development in the tissues bordering on the parts inoculated." Referring to the same experiments, Burdon-Sanderson says: "I am not indeed certain that any of the experimenters have kept in mind, in their investigations, the distinction between the property of communicating a specific disease, e. g., diphtheria, with its sequelæ, in its entirety, and that of merely ingrafting by inoculation, a particular local process." So I leave it.

I must not fail to include the famous conclusion of Eberth, who, writing upon the same subject, says: "Without micrococci there can be no diphtheria." Suppose we transpose

members of the proposition, thus: without diphtheria there can be no micrococci. So stated, its truth is corroborated by the whole field, and I venture the assertion that if it were possible to place an atmospherically infected subject in a perfectly germless atmosphere, the disease would run a perfectly characteristic course, minus the bacterial complication. Besides, we shall now see that on his own chosen ground it is a mistake. If diphtheria is caused by the development of parasitic life, the effects of the parasite must be uniform. We find this, according to their best showing, to be not so. In one form of the disease the exudation is albuminous; in another form the exudation is fibrinous. Are both the work of the same parasite? The microscope gives an emphatic negative. In another form, other and lower species of bacteria constantly appear—can this be called diphtheria, too? Not if an appeal is taken to their own words, for their unanimous declaration is that a contagion never changes in character, never changes in effect!

And again, and finally, the supporters of the germ theory, either surreptitiously or in plain words, make use of the truly fundamental idea, that of previous preparation of the tissues, as a foundation for the falsely fundamental one of primary germ causation, and thus ignore it in their conclusions. Maclagan (Germ Theory of Disease) says: "Each contagious disease has its own peculiar contagium, requiring for its development some element which is appropriated by itself alone, and without which it can not be reproduced." The "element" which he finds necessary to the reproduction of the germ, we have seen to be previous infection, obtained from the atmosphere, or a germ, if a carrier of infectious material. Again he says: "Contagia, as parasites, require for their development something more than nitrogen and water. This something we shall, for convenience sake, refer to as the second factor—the contagium being the first. Without this second factor the contagium is not reproduced, and no result follows its introduction into the system—the contagium being, *per se*, absolutely inocuous." This is sound doctrine for us. And lastly, he says: "The poison of diphtheria is a parasite, re-

quiring a special nidus for its development. The existence of a nidus implies the necessity for a second factor, contact with which is essential to the propagation of the contagium." If the theory of primary germ-causation does not stand self-condemned, it is not the fault of its adherents.

But there is an undoubted musty smell about all this, owing to its germination in the old world universities, and I feel sure of brighter looks upon your faces if I now turn to our own land, for the opinions of our own men, although the reference must be very brief.

We turn, instinctively, as it were, to the late reports to Congress of the Yellow Fever Commissions. That appointed by Congress itself, is non-committal—on the fever. It says: "Yellow fever is a specific disease, and is produced by the introduction into the human organism of a specific poison;" that it "has never been made evident to the human senses by chemistry or the microscope;"—much or little, something or nothing. That appointed by the American Institute of Homœopathy is more boldly non-committal, in that it "accepts provisionally the germ theory of the disease." It says this, too, that Dr. Belot, of Havana, has passed through eighteen epidemics, "and stands, as a yellow fever expert, head and shoulders above the medical men of his time." Now what does Dr. Belot say? This: "The cause of yellow fever is purely miasmatic, and the air is its vehicle. The circumstances contributing to the formation of putrid miasms are a mixture of fresh and sea water containing animalculæ, the detritus of vegetation, the evaporation of this mixture, great heat, humidity and atmospheric electricity. Miasms once formed may remain latent and inocuous during a period more or less protracted, until a cause, sometimes trifling, sets them in motion." He, evidently, considers germs a very insignificant circumstance.

Dr. Louis A. Falligant, of Savannah, a member of both Boards, sums up as follows: "Given the elements necessary to the yellow fever producing combination, viz: animalcular, excrementitious, and miasmatico-putrid stagnations, swashed by heavy rains, and left in undrained and stagnant puddles,

and fermented by succeeding, prolonged and intense heat, and you have the mash from which is exhaled those infectious miasms, developing in the human organism its destructive capacity, and producing that formidable disease known as yellow fever, but which I have ventured to christen *La maladie de Diable.*"

These extracts may safely be submitted without comment, the more so as time forbids that the discussion be carried further. But hasty as the consideration of the subject has been, necessarily, it is sufficiently complete to warrant the following conclusions:

1. The dual nature of epidemic diseases is made obvious and reasonable, the association of their natures becoming logical and scientific:—one is abnormal, disease-producing and antecedent; the other is the normal result of the operations of strictly natural causes.

2. The conditions under which these factors go into operation are, on the side of the disease, certain states of the atmosphere which depend upon variations in its constitution, or upon its vitiation by gases or other substances held in solution or suspension; while on the material or germ side the universal pre-requisite for its phenomena is found to be tissue or substance in a state of devitalization—dead matter.

And now to conclude with a general application. Sooner or later sanitary science must reject one or other, probably both, of two views: (1) That germs alone are primarily and exclusively causative in current epidemics, and (2) that miasmatic poisons occupy that rank. Neither can be adopted "provisionally," hoping, in the end, that chance may indicate the truth, because the supporters of such a theory are likely to be as firm in their prejudices as are the more outspoken adherents, the danger being that opposing facts are heard suspiciously, if not already prejudged. Practically, as long as both views are held, or there is oscillation of belief or prejudice between them, contradictory methods of prevention or arrest of an epidemic disease are likely to prevail. For instance, in the presbyopic vision of the one the danger hovers at a distance, and the strictest quarantine regulations are his

main reliance; while in the myopia of the other nothing is recognized beyond the masses of festering filth that haunt his distorted vision. Sooner or later, too, sanitary science must face, and will probably adopt, the view that neither the disease germ nor miasmatic poisons are exclusively responsible for the havoc of epidemics, but that these factors have, according to their priority and association, a coordinate and interdependent power.

If this discussion shall have assisted in some small degree, to establish the latter view its purpose is fully accomplished.

Clinical Thermometry. By H. E. Beebe, M. D., Sidney, O. Read before the Homœopathic Medical Society of Ohio.

To present this subject to such an intelligent portion of the medical fraternity will at first seem absurd; yet when we know that many of our so-called leading physicians make little or no use of this valuable instrument, we feel justified in bringing this subject before you.

It is but little more than twenty years since clinical thermometry was first employed by our profession in this country, much less time since it came into general use; hence we infer that much is yet to be learned of its value. Most instruments made use of by the physician require some degree of expertness in manipulation to make the results valuable; but this, from its simplicity, requires none.

When called to the bedside of a patient, we first endeavor to ascertain the location and cause of illness, and give a diagnosis. Some will say, "What difference does it make to the homœopathic physician, who treats symptoms, and not the name of a disease?" Yet this is a symptom, and a very im-

portant one. In many of our late provings, the temperature is taken as often as new symptoms develop, and who will say that it has not enhanced the value of the remedy? In the future, this record will be kept in all reliable and full provings.

Thermometry in disease is an objective physical method of investigation. The normal temperature in health being ninety-eight and one-half degrees, all departure from this of over one and one-half degrees, we are justified in calling disease—more than this above normal indicating fever, the same below showing collapse or lack of nutrition; from all of which, we learn that each of this class of diseases has a different temperature chart. Yet we would not infer that all diseases show a departure from a normal temperature, since many maladies, both acute and chronic, during their entire course have not this variation.

All modern works on diagnosis give the usual temperature common to such diseases, and an accurate chart is, in many cases, a picture of the malady. In children or infants, where we have two-thirds of our sickness, we are obliged to depend largely upon objective symptoms, and these being few we are often at a loss, until, by aid of the exact degree of heat, we have, after a few observations, a key to the nature of the complaint. By the sense of touch, or hand thermometry, we know when there is a change of heat in the body; but for exactness we must rely upon the instrument, which, telling what nothing else can tell, is one of the best aids in positive diagnosis. We can always rely upon this symptom, for a change of temperature can not be feigned or falsified. The pulse may vary from many canses without indicating disease, but the temperature can not vary to any great extent, unless from an important cause.

We make more use of this knowledge in acute maladies, chronic diseases being less frequently accompanied by fever —yet even here it has its value. In phthisis, even before any physical signs are present, we often have positive evidence of tuberculosis. There may be a predisposition to consumption; we find lack of nutrition, failing strength, warm hands, cold

feet, not necessarily pain or cough, pulse accelerated, and temperature elevated in afternoon one to two degrees daily. This warning puts us on our guard, and we may be enabled to arrest the trouble, at least for the time being.

It is in prognosis that we find the thermometer of greatest value. "The best physician is the one that prognoses best." This instrument is the physician's barometer, notifying him of the impending storm; with its chart before him, he is often able to throw up his fortifications before his enemy has the field, and come out victorious; when, without this signal, failure would be certain.

In some stages of acute diseases, in order to keep a complete record, frequent observations are required, often more than a physician in active practice has time to devote; it then becomes necessary to place the thermometer in the hands of a competent nurse. The rise of temperature, its decline, whether this be gradual or sudden, when at its maximum or minimum, length of time it remains there, any sudden change, and every variation during the twenty-four hours; all this has a bearing on the future course of the disease, aiding us materially in giving an accurate prognosis.

In continued fevers, all temperatures near or above one hundred and six degrees are grave—and are often near the grave. It is known that when heat is evolved faster than generated, or *vice versa*, destruction of tissue is the result. Sometimes we may have this temperature with no danger, as in intermittent fever, but it is only for a short period. The system can not stand this rapid destruction for any great length of time, especially as the patient is usually reduced before the body has reached this great heat. Some diseases bear this elevated temperature better than others, typhoid fever longer than pneumonia, tetanus and cerebro-spinal fever above either. From Sequin's exhaustive work on medical thermometry we obtain the following prognostications:

In disease where the temperature is elevated, everything else being equal, the danger is commensurate with the distance of the mean temperature from the normal. A series

from one hundred and four degrees to one hundred and five and four-fifths degrees F., prognosticates nine deaths out of twenty cases. When one hundred and nine and one-half F. is reached, death was unavoidable previous to the strict antipyretic treatment.

A fatal issue generally follows several temperatures of one hundred and seven and a half degrees F.

When the heat rapidly increases in the efflorescence, it will decline according to the same ratio in the defervescence.

When the heat-fever develops slowly, it prognosticates a slow decrement of a protracted disease.

When the temperature affects a continuous type, let us beware of a grave affection.

A great excursus between the morning remission and the evening exacerbation offers a favorable prognosis.

In forming a prognosis of children, we must always remember the extreme mobility and exaggeration of their morbid ustion, and the reverse about old people.

The following are some of the rules in the fall of temperatures:

The danger of a fall in temperature is in proportion, first, to its suddenness, and, secondly, to its degree. A sudden fall of temperature in a febrile affection warns of an evolution or of a revolution.

The degrees of the fall have a meaning—not the same at the beginning as at the middle or at the end of a disease. The circumstances attending a fall give its commentary; but its form expresses more particularly the nature and period of the morbid process to which it belongs. A sudden fall indicates a tendency whose meanings depend, first, on its starting point, and, secondly, on its mathematic progression. A sudden fall in pyretic affections indicates a crisis, while a sudden fall in apyretic affections threatens a collapse. Any fall of several degrees is to be dreaded. A progressive fall is favorable towards the norme, and dangerous below it. Sudden fall in a chronic affection, or from a steady norme, commands immediate rest, ready restoration, and vigilant observation.

It is not only in diagnosis and prognosis that the thermometer is serviceable, but it has a third value, that of being an indicator in therapeutics. Diverse types of temperature require different treatment, both regimenial and therapeutical, this being an additional symptom. Where we find a continually elevated temperature, especially in acute diseases, we derive much assistance from hydropathic measures, an adjuvant which all intelligent physicians are, or should be, acquainted with. In determining the temperature indications for our homœopathic remedies, the other symptoms of the drug must be considered, as a single symptom is seldom of much value.

The following are the indications for a few remedies, from our own experience:

Aconite.—A rise of temperature from five to eight degrees Fahrenheit in a few hours; we have hot, dry skin, full, bounding pulse, restlessness, tossing from one side to the other in first stage of inflammatory diseases, adapted to arterial congestions.

Arsenicum.—Surface temperature great; dry, harsh skin; no regularity to the chart useful in collapse, especially from prostrating diseases.

Apis.—Where the temperature in cutaneous diseases does not decline according to the natural course of the malady, a tendency to effusion.

Baptisia tinctoria.—Typhoid and septic fevers, where the pulse and temperature are very high; breath and urine offensive; patient has a besotted look.

Belladonna.—The same sudden elevation of temperature as *Aconite;* stupid; somewhat delirious; slight perspiration, with nervous twitching; in children, with cerebral troubles and venous congestions.

Bryonia.—Fever comes on more gradually; temperature not so high; declines more slowly; very quiet; every motion aggravates the trouble.

Camphor.—Extreme collapse; a fall of temperature early in the course of the disease.

Digitalis.—When the pulse does not increase according to temperature, especially when the patient is in a recumbent posture.

Gelsemium.—In bilious and remittent fevers, where the temperature and pulse are not high enough for *Aconite*, the fever is not so active; pulse softer; has a different type of restlessness; dull pains in head, back and limbs, the disease affecting the motor rather than the sensory nerves.

Hyoscyamus.—The temperature and symptoms of the drug sustain about the same relation to *Belladonna*, that *Gelsemium* does to *Aconite*, being of a milder type.

Mercurius.—Temperature elevated several degrees with almost continuous perspiration, affording no relief. (During the past winter this has been the leading remedy with me in pneumonia, this symptom generally being present).

Rhus tox.—Fevers of a low, nervous type; temperature high, changing but little in the twenty-four hours; frequent, quick, compressible pulse; very restless, with much prostration.

Sulphur.—In convalescence, where the temperature does not reach the normal in due time, but remains stationary. In pulmonary troubles, where this remedy fails to hasten convalescence, try *Kali carb.*

Veratrum album.—Another of the leading remedies for collapse, lacking that sudden prostration of *Arsenicum* and *Camphor;* choleraic diarrhœa; cold sweat confined mostly to head and face. (Temperature too high for the pulse, the reverse of *Digitalis*).

Thus we learn our remedies have a temperature of their own, and each can be pictured the same as in disease.

Typhoid Fever. By Edwin Gillard, M. D., Sandusky, Ohio. Read before the Homœopathic Medical Society of Ohio.

Variously denominated in this country typhus abdominalis, enteric fever, nervous fever, and in the section of Ohio in which I am located (Sandusky) typho-malarial fever.

In view of the very abundant, able and exhaustive writings upon this fever I deem it unnecessary to do more than give my own views relative to a single division of this subject, namely, that of the "etiology," which I think not conclusively disposed of. What I may say may not accord with the views of many, perhaps most, physicians, still eleven years of pretty active practice and faithful study has developed and strengthened me in the opinions I entertain.

Typhus abdominalis is considered by most writers and by many physicians to originate from the introduction into the susceptible organism of poisons in which the decomposition of animal matter is the most important part. To this "theory," it is, that I chose to take exception, and am of the opinion, from painstaking and conscientious observation, that I have the very best of grounds for my position.

I believe that the poison upon which the development of typhus abdominalis depends is produced outside of the animal body only, and that it is essentially miasmatic, and nothing else. I believe this to be true, first, because I have yet to see or treat the first case of typhus abdominalis that could be traced by carefully conducted investigation to causes arising from the introduction into the organism of decomposed animal matter, either through the medium of water, milk or gases, and under similar circumstances have never had any trouble in tracing and pinning such cases to the undoubted primary cause, that of "malaria."

Typhus abdominalis is no respecter of place, and very little of person or age, it prevails in the country as well as in the city, in thinly settled as well as in thickly inhabited localities, and frequently in farming districts where the in-

habitants live at considerable distance from each other—where the supply of pure air and pure water has no limit, barring miasmatic influences. When typhus abdominalis prevails under such circumstances, it is difficult to trace it to any other causative influence save that of which I am speaking, the ever present, ever prevailing "miasm." I have observed that temporary residents in malarial countries are the most liable to typhus abdominalis, and that such persons as are habituated to miasmatic iufluences are much less liable to the disease.

There is a difference in the susceptibility of individuals to this disease, those most liable to intermittent fever being the fittest subjects for typhus abdominalis and *vice versa.* Typhus is found perhaps most frequently between the ages of twenty and fifty, but is by no means limited to these ages, very old people and quite young infants frequently being its victims. Lastly, typhus abdominalis is not contagious.

General Clinics.

Angina pectoris(?) of Rheumatic Metastatic Origin.

Feb. 21, 1880. T. F. A., aet. twenty-three, student, Ann Arbor. Fourteen months ago this patient had a severe attack of inflammatory rheumatism, the result of exposure; pains particularly severe in extremities. Was treated by topical, medicated applications from which he received relief from pain. One month after this acute attack he was taken with severe palpitation of the heart, accompanied with sharp, darting pains through the chest, aggravated by

the least excitement or motion; every third beat intermitting. The cardiac symptoms have been relieved so that the pulse does not now intermit, is at the present time full and wiry; but the palpitation recurs on the slightest provocation, the least excitement being sufficient, and when present he complains of sharp, shooting, lancinating pains in precordial region, so severe as at times to prevent him from taking a full inspiration.

Diagnosis—An examination revealed no organic disease of the heart; pain of rheumatic origin. This metastasis to the heart is one of the most common results of rheumatism, a termination very much to be dreaded, as it is often attended with serious and sometimes with fatal results, especially where medicated topical applications are used to relieve the local manifestation of the disease, viz, the pain.

As Hahnemann's teachings are becoming verified from year to year in practice by the most thoughtful and careful of his followers, they are found to stand the test of experience, and the more severe the test to which they are subjected, the brighter and clearer do they become. Was he not correct when he said, "it is not only useless but injurious;" "the most criminal practice physicians can adopt." "This pernicious method, in such general use at the present day, is the chief source of the innumerable chronic diseases that oppress the human race." As homœopathists, we should cure disease where we find it, not suppress it by local topical treatment.

This patient will receive *Cim.* 30, three times a day until better, then not so often when improvement sets in.

Feb. 28. Returned; much better in every way; has not felt "a twinge of pain since taking the first dose of medicine." *Sac. lac.* once a day for a week then to report.

March 6. Returned; no pain, has felt perfectly free from all his former troubles and considers himself well. Dismissed cured.

Membranous dysmenorrhœa—Mrs. D., aet. forty-two, Adrian, Mich. Is the mother of two children, the youngest being twenty-one years of age. At the birth of the latter

"the placenta adhered and she has not been well since." The menses for fifteen or sixteen years have been irregular, profuse, dark colored and very painful, with membranous clots coming away at times; she would not, at times, menstruate for two or three months at a time, and then the pains would simulate the first stage of labor, and the large, clotted, fleshy masses that would come away caused her to think she had a monthly or bi-monthly miscarriage; has a very profuse leucorrhœa, worse at the intermenstrual period, and usually lasting seven days; it is so profuse that when she is walking "it runs down the limbs to the floor," and so acrid and irritating that she is compelled to bathe frequently in order to obtain relief; is weak and "tired out" all the time.

Diagnosis—Membranous dysmenorrhœa.

℞ *Alumina cc*, one powder per day for a week, then *Sac. lac.* for two weeks.

March 10. Reported by letter. Decided improvement in every way; leucorrhœa is much less in quantity, and not nearly so irritating, and last menstrual period was passed with less pain and trouble than for years.

℞ *Alumina cc* continued, once a week.

April 15. Reported by letter. Only a slight leucorrhœa this month; feels stronger and much better in every way. The last menstrual period was almost painless compared with her former sufferings.

Gentlemen, I learned from a private examination that the cause to which this patient attributed all her ill-health when before the class, viz, an "adhering placenta" at her last confinement twenty-one years ago, is purely imaginary, but was no doubt honestly entertained. She frankly admitted that for all these twenty-one years the genesaic fraud has been persistently practiced in their sexual relations, under the delusion that it was harmless and at the same time a certain preventive of pregnancy. It is no doubt the most certain preventive known, and that masturbation in married life is any less injurious or less disease producing than in the unmarried there is as little doubt. I believe this pernicious practice to be the cause of her dysmenorrhœa, and every-

thing else of which she complains, and I frankly told her so. I also informed her that in my opinion she would never enjoy any other kind of health so long as this practice was persisted in. That cause once removed we can promise her a complete cure.

This case is a very instructive one because it is a type of a great many of the most obstinate cases which you will encounter in practice, and which you can never cure until you remove the cause. It is rendered doubly difficult because of its delicate nature, and the utter impossibility sometimes of arriving at the truth. Hence you will require to use the utmost circumspection and caution in broaching your suspicions to your patient, always bearing in mind the probability of dismissal if you should fail to verify them. In this case I could not detect a constitutional dyscrasia sufficient to account for the condition of the patient, and the fact of her having no children for twenty years aroused my suspicions.

May 22. Reported by letter. Menstruation is "less painful now than for years." The large fleshy masses which she formerly supposed to be a "miscarriage occurring every month or two" are not present at all; the flow is normal, both as to time, quantity and quality; she has now no leucorrhœa except at mid-menstrual period, when it comes on suddenly "as though some gathering had broken and was discharging;" it is slightly irritating but not offensive, and continues for five or six days, when it leaves her entirely free.

From this report we must, in order to meet the totality of the symptoms, look for some other remedy, as the diagnostic characteristic of *Alumina* is not here. This patient will receive *Borax cc* once a day for a week; then *Sac. lac.* for three weeks once a day. The guiding symptom of *Borax* is, a profuse leucorrhœa at mid-menstrual period, coming on suddenly and leaving suddenly. She will report cured, I think, n two or three months.—H. C. Allen, M. D.

the pus, I pressed some cotton under the corner of the nail, and covered the top of the toe with adhesive plaster to prevent friction from the shoe, and gave *Silicia* 200, morning and night. The cotton was removed and more pressed under at intervals during the next two days, and on the following Thursday night she danced nearly all night without any particular inconvenience, and has remained well ever since, being the first summer she has passed in five years without more or less trouble with that toe about every six weeks or two months, and I have since given *Silicia* 200 in cases of hang nails and ulcerated finger nails with equally good effect. —A. A. ALLEN, M. D., St. Johns, Mich.

Miscellaneous.

Insane Asylums. By R. B. Rush, M. D., Salem, O. Read before Homœopathic Medical Society of Ohio.

Ladies and Gentlemen of the State Society: Ohio has been very liberal in the expenditure of money for the treatment and care of her unfortunate citizens; has built and maintained at the public expense, a series of asylums to which any one can go, and be cared for, as well as it could possibly be done, or, at least, such was the intention. These asylums, especially our asylums for the insane, should be our pride, and, for one, I am well pleased to live in a state which looks so carefully after, and provides so bountifully for those who, in many cases, would be utterly unable to be cared for by friends, or those immediately connected with them.

I consider them worthy of our support; I am in favor of sending the insane, insane from any cause, (unless temporarily so from acute disease) to our asylums, for care and treatment, and very soon, too, after the commencement of the disease, while it is yet in its early stages, as it is a demonstrated fact that patients, cared for properly in the incipient stages of the disease, are more easily cured—a larger per cent of these recovering, than of those who have not had the advantage of early treatment. I have never seen a case of insanity but that needed restraint, some very little, it is true, and sending them away from home is frequently restraint enough.

That there have been cases of abuse of patients in our insane asylums, we must admit; that insane persons have been abused at their own homes, and by those connected with them by ties of consanguinity, we all know; and we believe that some proceedings, which are magnified into abuse by outsiders, are merely some forms of restraint, absolutely necessary to proper treatment. With our present law, giving our State Board of Charities power to examine and investigate, there will not be more than, or as much, abuse of the helpless inmates of our insane asylums, as patients of that class would receive in being cared for at home.

I am pleased to see that an honest effort has been made by the last Legislature, to take the care and control of our benevolent institutions out of politics, and an honest effort to make them what they should be—homes for the unfortunate in mind and body, instead of political shuttlecocks; this thing of changing managers with every change in the political complexion of the legislature has been an evil of great magnitude, patent to any one who has examined the subject.

In saying this much in favor of our insane asylums, do not understand me to say that I am in favor of the medical treatment as usually given at the same; but as to the necessity for such homes; the propriety of sending the insane to them, in my opinion there can be but one side to the question.

What we need, as homœopathic physicians, as citizens of a state which has been so liberal, and, I may say, lavish in the expenditure of money in building and equipping our five

great asylums for the insane, is, to see that the unfortunate have the benefit of a practice we believe to be so much more beneficial in all diseases to which humanity is subject, or, at least, give the friends of the patients a right to choose what kind of medical treatment they shall have, and if a united effort were made by the homœopathic physicians and their friends in our state, we certainly would succeed.

That the treatment of insanity by, and in accordance with the law of Similia will succeed, has been demonstrated by the success had at the State Homœopathic Asylum for the Insane, at Middletown, New York.

Dr. Talcott says cases have been cared for, treated, and restored to health, by the remedies proven upon the healthy long since, and the verifications of whose symptoms in a curative sphere have been demonstrated at the bedside of the sick repeatedly and satisfactorily.

Why should we not have one at least of our magnificent and thoroughly equipped asylums in charge of one of our school of practice? Some years since the state senator from the district in which I reside, had a bill drawn up giving the superintendency of the Athens Asylum in charge of a homœopathic physician, and strange to say, physicians of our school in the house refused to support it and it was dropped, but let us agitate; agitate it, and we shall gain friends to the measure from among those who do not have the confidence in our treatment we have. If insanity increases as rapidly in the future as it has the past few years, and we have no doubt it will, another institution will be needed soon; let us see to it, when that time comes, that one of our best men shall be put in charge, see to it that the medical treatment shall be in accordance with our law of cure, a treatment so efficient without being so destructive.

Our Asylums. By E. C. Beckwith, M. D., Columbus, Ohio. Read before the Homœopathic Medical Society of Ohio.

The people of Ohio are justly proud of their homes for the insane. No other state can out rank us in works of charity. Our asylums are models of beauty, and are copied by other states. Our central asylum is the largest building of the kind in the world and one of the finest. Our annual appropriations for the maintenance of these charities are princely; thousands and hundreds of thousands of dollars annually drop from the hand of the state for the benefit of these poor creatures. Unfortunately, however, our asylums have fallen into the hands of a ring—little less to be dreaded than was the old Tweed ring of New York. From year to year this ring has grown more and more currupt, and its workings are now and then cropping out so as to be seen by the public. This ring is Allopathy, and it is directed in its movements by, if you please, a little "credit mobilla," injected into its belly by the leaders—a sort of devil fish, one-half of whose legs are Democratic while the other half are Republicans. With every change of administration, one or the other side of this devil of a fish is just ready to reach for our asylums and suck into the same slimy body all that can be drawn from the state. It is not experience that is required to procure for an M. D. a place as superintendent, but influence--political influence. Education and moral character are not the requirements sought after, but "what has he done for the party?" "What can he do for me or my man?" These are the questions that settle this case. The result of this kind of political manipulation has been exemplified at Athens, at the Central Asylum and at Longview. At Athens the trustees and physicians in charge, it is said, would "all get drunk together," the state furnishing the o b joyful. On one occasion a member of the board became so dead from the use of whisky that he was placed in the dead house to return to consciousness among the coffins.

With such a head and such managements what could the poor patients expect but neglect and abuse. Our noble Central has had its history. Within the last year one of the staff died of *mania a potu*, and others are charged with crimes revolting to humanity, and if proven against them would send them to years of confinement, but the insane are not competant witnesses.

A Mrs. —— was discharged and informed by the Doctor that her services were no longer required as an attendant. She cooly informed him that she had thirty pages written of misdeeds of himself and subordinates, and if she must go these should be published, and then he would go too. That attendant did not go.

Not long ago one of the first ladies of Columbus called upon Governor Foster and begged him in the name of humanity to have something done for the poor creatures in the Central Asylum. She and her two sisters had visited the asylum every week to see their poor mother, and knew that the patients were not well cared for. She did not ask this on account of her mother for they took care that she was well fed, but for those who had no friends to look after them. She and her sisters affirmed that the food provided was inefficient and unfit for the sick; that all fruits are stricken from their table, and that after the poor creatures arise from their meal they beg of visitors for something to eat. This state of affairs never existed under the administration of Dr. Grundy. No patient begged for food when he was superintendent. Charges of this kind are so thick and so well authenticated that the public have demanded an investigation, and now we shall see what kind of a fish this democratic side has been.

You may ask why all this corruption, mismanagement and drunkenness—why these agents of state charity so black with crime. I answer, it is the universal tendency of all rings to become bad, and grow more and more so as they become stronger in their position.

We have a remedy for this thing, and I hope you will join me in an endeavor to break this allopathic ring. We can

carry our reform at the polls; we are strong enough now to be heard by the politician. Let each one of us write to the next candidate for governor, or his political side, and state our case, and demand of him a pledge that he will secure to us the control of at least one asylum if he is elected. Should he refuse to pledge himself then inform him that the homœopaths will not support his ticket. Letters of this kind from each county will carry our point. This ring will be broken and Homœopathy will have her rights in the state.

Hypermetropia. By W. A. Phillips, M. D., Cleveland, O. Read before the Homœopathic Medical Society of Ohio.

A ray of light passing obliquely from one transparent medium to another of different density, as from air into glass or water, is bent from its course at the point of contact of the two substances, thus changing the direction of the ray, and producing what is familiarly known as refraction. It is by means of this property of light that it is possible for the eye to so change the direction of parallel or divergent rays proceeding from any given body, that a perfect focus and consequently perfect image may be produced upon the retina. An eye that has its refractive media, which are principally the cornea and lens, so adjusted that parallel rays are without effort accurately focused upon the retina, and which eye can also, without perceptible or tiresome effort, focus to the same point divergent rays proceeding from an object four inches, more or less according to age, is called a normal or emmetropic eye. Now, an error of refraction results from a condition in which the refractive media are imperfect in symmetry, or the relative distance of the optical structures does not

correspond with the refractive power of the cornea and the lens. Accordingly hyperopia, or hypermetropia, is an error of refraction occasioned in consequence of the retina not being a sufficient distance behind the cornea to correspond with the focus produced by the refractive agents. In other words, the antero-posterior diameter of the eyeball is too short. Independently of clinical observations, let us inquire as to what would necessarily result optically from this mal-relation of the parts. If the refractive media in the eye are of just the requisite power when relaxed to focus parallel rays upon the retina, when the latter is situated the normal distance from the cornea, it is plain that if the retina is situated nearer the cornea than is natural, that the rays would tend to focus behind it; thus forming upon the percipient layer an indistinct image. It is plain, farther, that if the retinal image is blurred and indistinct, the perception of the object will be imperfect. The question now occurs as to how an eye thus formed can overcome the effect of this deformity? Not by increasing the distance between the retina and the cornea, for that is impossible, though that would, of course meet the deficiency if it could be accomplished. One recource only is available to the eye itself, viz., the refractive power can be increased, which will shorten the focus, and which is practically the same, temporarily, as lengthening the diameter of the globe. As neither the convexity or the density of the cornea can be increased, we are obliged to look to the lens for aid, and in its elasticity and capability of greater convexity, and, consequently, greater refractive power, we find relief from the impaired sight for distance, and at the same time find the beginning of trouble for near vision. In the normal or emmetropic eye, nearly all of the available power of increased refraction to be gained by increased convexity of the lens, which constitutes "accommodation," is required to exercise the eye in the ordinary duties of life which demand the use of the eyes at the near point. If, therefore, the hyperopic or malformed eye must necessarily employ a given amount of accommodation for distant vision, it is easily understood that the eye has just that same given amount less to

be employed in exercising the eye for near vision. To illustrate: if the accommodation be represented by four, and the hyperopic eye is required to use one-fourth thereof to focus parallel rays on the retina, then only three-fourths of the normal power of accommodation remains to be called into play for focusing divergent rays in the employment of the eye for near vision. It is accordingly the effort of the ciliary muscle, associated with the required convergence of the visual axes to make the three-fourths of the accommodation do the work of four-fourths that gives rise to a train of symptoms constituting "accommodative asthenopia," and frequently in higher grades of the trouble to the occurrence of convergent strabismus. As already stated a greater or less degree of convexity of the lens, above a state of rest, for distant vision, optically restores the relation of the ocular structures so as to enable the hyperopic eye to see distinctly, provided, of course, there are no complications. Now the ciliary muscle, by means of which the increased convexity of the lens (accommodation) is produced and maintained is endowed with what is termed *actual* and *potential* energy; the former causes the muscle to contract while the latter maintains the contraction. The hyperopic eye may and generally does possess a high degree of actual energy which enables it to employ the three-fourths power for near vision after having expended one-fourth for distance so as to enable it to see distinctly for a few minutes, but the potential energy in not great enough to continue the tension necessary to maintain the required focus. Here then is the beginning of troublesome symptoms and the true explanation of accommodative asthenopia as first exhibited in ages varying anywhere from five to twenty years.

Few practitioners will fail to recognize the following group of symptoms as having been presented to him by some school boy who has frightened his ancestral stock lest he should eventually become blind, notably because of his getting his grandmother's spectacles on the sly and studying his lessons with ease while wearing them. The lad or lass, as the case may be, for the trouble has no respect for gender, complains

that he has weak eyes; can see to read well for a few minutes only, after which the eyes become tired and the letters are indistinct; moves the book a little further away from the face and sees better for a short time; but the fatigue gradually increases, the eyes begin to smart and burn and the tears start, while the brow is the seat of more or less pain, and the words are so much confused that the reading must be discontinued. By closing the lids and pressing the eyeballs and brows with the fingers, and resting a few moments the reading can be resumed for a time, but will surely be followed by a repetition of the same unpleasant sensations, which may be increased in severity until injection of the conjunctivia, headache and perhaps dizziness and sickness to the stomach occur. But day after day the patient worries along and is lucky if not placed under the care of some doctor who sees in the condition of the liver or stomach the cause of these distressing symptoms, and doses the youth with *Calomel*, *Jalap*, *Nux*, *Aconite*, or what not, according to the color of his diploma; or still worse, if he critically diagnose conjunctivitis and make the sufferer dance with his eyes full of some astringent "wash." Observe that the above symptoms occur only when using the eyes for near vision, for reading, writing and the like, and are not temporary, but have existed undoubtedly for weeks or months, or perhaps for years before advice was sought; hence it should be apparent that the trouble is not due to any constitutional disturbance, or to inflammation of the lids. In the higher grades of hyperopia the above symptoms are all liable to be greatly exaggerated, while the sight may be very imperfect for all distances. As the patient may not see well at a distance even, and holds the book very near the eyes in order to see the most plainly, the trouble might easily be mistaken for myopia, or short sight, or might be regarded as a diseased condition of the fundus producing the impairment. The more serious cases are likely, too, to be complicated with asymmetry of the cornea (astigmatism), with a congenital absence of more or less of the retinal elements (amblyopia), or with marked deviation of the visual axes (strabismus), which may singly or collectively combine

to render the sight very imperfect, and to a certain extent often irremediable. But assuming that a correct diagnosis of an uncomplicated case of hyperopia has been made, and that the physician knows that convex glasses are required to correct the refraction, it yet remains for him to determine whether the hyperopia is *facultative*, *relative* or *absolute*, and whether the manifest only, or the manifest plus a part, or the whole of the latent hyperopia should be neutralized by the glasses selected. As a very general rule it may be stated that a person with hyperopia may be allowed to wear the strongest convex glasses for near vision that he can see distinctly with at a distance. Care should be exercised in the selection of the frames that the distance between the center of the glasses should correspond with the distance between the center of the pupils, and that the nose piece should fit so as to keep the lenses the proper distance from the eyes. Spectacle frames should be especially recommended, for "nose glasses" can not be accurately adjusted.

In conclusion then, it is of importance to urge that unless the physician has had practical instruction in the selection of glasses for the relief of errors of refraction, he will not do either himself or his patient justice without consultation with an expert who has made a study of the scientific selection of glasses the basis of intelligent prescriptions. As properly selected glasses are the only relief for this variety of defect, the neglect to give the child the full benefit of the resources of our art in this respect may, and undoubtedly will, materially influence his choice of occupation, besides permitting him to suffer years of discomfort. Hence the weight of responsibility resting upon medical men in this branch of professional work is of serious import, and that the subject may be fully appreciated needs only, I trust, that you conscientiously reflect upon the whole duty of the physician to the public.

Dr. Tanner's Fast.

Dr. Tanner came to New York for the forty day fast because of a challenge from Dr. Hammond to Miss Mollie Fancher, of Brooklyn, of whom it was asserted in the newspapers that she had lived fourteen years without food, and this for reason that she possessed wonderful clairvoyant powers, as her mind was independent of her body, and so powerful as to keep the vital functions going without food, by the mastery of the spiritual over the material body.

Among those who loudest cried fraud was Dr. Wm. A. Hammond, who wrote a little book on the frauds of "Fasting Girls," to which he added a challenge as appendix, in which he said: "I know something about fasting girls and their frauds. . . . If Miss Fancher will allow herself to be watched day and night for one month by relays of members of the N. Y. Neurological Society, I will give her $1,000 if at the end of that month she has not in the meantime taken food voluntarily, or as a forced measure to save her from dying of starvation, the danger of this last contingency to be judged by her family physician. If the offer is not taken up let us hear no more of Miss Fancher's mind reading or clair voyance, or living for a dozen or more years without food."

Dr. Tanner saw the challenge in print and wrote a letter to Dr. Hammond, offering himself as her substitute. It appears that Dr. Hammond's liberal offer was only intended for Miss Fancher (gossip says he did know beforehand that it would not be accepted). As Dr. Tanner's letter was not answered he wrote to Prof. Buchanan, requesting him to inform Dr. Hammond that he was ready to accept his challenge; this was done; no answer. Then Dr. Tanner published his offer in the Pioneer Press and sent Dr. Hammond a copy of the paper; no answer. As a last resort, an interviewer of the New York Times was sent to Dr. Hammond for an answer upon the published offer, and the reporter succeeded to get out of him the sentence: "You can publish me as saying that I will gladly accept Dr. Tanner's proposition."

Dr. Tanner wrote a letter closing, "if the New York Neurological Society, or any other medical society, or professor of any medical school interested in vital chemistry, desire to test the powers of human endurance under prolonged fasting, or witness the physiological, pathological, or psychological phenomena incident to such a fast, the proposal I made to Dr. Hammond is still open to their acceptance. . . . All I ask is to be provided with suitable apartments during my fast; all other expenses I will bear myself."

Dr. Hammond said to a reporter, "The man is a fraud but I accept the proposition. He shall have a clean, well ventilated room, but out of that

he must not go for thirty days, unless accompanied by persons above suspicion, so that he won't slip into some restaurant to get a good lunch. The more he walks, however, the more he will be apt not to succeed in the experiment, because in walking he will be using up his vital force. If he succeeds he will get the $1,000, and if he dies I will give him a decent burial. But I don't believe there is any such man as Dr. H. S. Tanner, of Minnesota. I am inclined to think the whole thing is a huge Western joke."

Dr. Hammond made a number of appointments with Dr. Tanner, both for himself and the N. Y. Neurological Society. Some of these appointments were not respected by Dr. Hammond, and they were evidently made so annoying that he thought to discourage the whole test. Nearly twenty days after the last interview with Dr. Hammond, Dr. Tanner received a letter ante-dated June 1, but marked, according to post mark, June 19, mentioning that the Neurological Society was to hold a special meeting to arrange about his fast. We will pass over a very pointed correspondence which ensued, as of no interest to the general reader, nor the conversations with interviewers from the press which were published at the time, and which showed a great deal of bad feeling all round, and which surely was not favorable to Dr. Tanner, as a preparation for the severe ordeal which he intended to pass through. But matters had all been arranged, and the great fast began at noon, June 28.

It may be well to state here that it was not Dr. Tanner's first experiment in this line. He had for many years restricted himself to a very plain and frugal diet. He never drinks tea, coffee, or liquor of any kind, and does not use tobacco in any form, and he claims that every man would be healthier by following his example. He is very earnest in his endeavors to prove what he calls the "errors of physiology," and holds that most diseases of mankind are due to eating too much and too often; and being himself subject to a tendency to gastric derangement, he had found that total abstinence from food always cured him. Having been detained late in the night by professional duties, he felt seriously indisposed, July 16, 1877, he drank a quart of milk, and the next day a pint more, and from this time no food until August 29, exactly six weeks or forty two days. The way this came to pass was as follows:

On the 18th of July he was satisfied that he was suffering from gastric fever induced by abrupt changes in diet, during the last few weeks, and he resolved to fast until better. He did not eat anything, but drank plenty of cold water when he wanted it. After ten days the fever disappeared, he felt much better, and he renewed his usual walk of one to three miles twice a day. No persuasion could induce him to discontinue his experiment to find out the effect of a fast, prolonged as much as was possible to him. On the thirty-eighth day, after considerable fatigue, having been out all day on a pedestrian excursion, he came home sick and had

considerable retching, straining and tendency to hiccough. On the forty-first day he was induced to partake of a little milk, but it was rejected, but on the forty-second day it was ravenously appropriated.

Of scientific data furnished by this fast there were none; neither loss of weight, water drunk or voided, velocity of pulse, or other phenomena recorded, as the fast was only begun as an experiment to cure his gastric fever, and continued to see how long he could stand it. From that time papers throughout the West gave often accounts about protracted fasts.

The first thing done was to strip Dr. Tanner, for the double purpose to examine his physical condition and to see if any food was found in his clothes or satchel. Nothing was found except a copious layer of fat or adipose tissure around his body sufficient to keep him alive for a winter season, if like a bear he could have been induced to a winter sleep. He measured 40 inches around the breast, 39 around the abdomen, and 22 inches around the thigh. His weight was found to be 157½ pounds, thus above the average for his size, which was 5 feet 3 inches.

A diary was kept, and this states that on the first day he went to bed at 9 p.m. The bed was thoroughly searched. His pulse was 82, full and regular. On the second day he rose at 7 a.m. At noon he had drunk fifty-seven ounces of water during the preceding twenty-four hours. A letter was received from Dr. Gray, vice-president of the Neurological Society, offering arrangements for the fast and have it tested by experts. Answer was sent that the fast had been commenced, with an invitation to members of the society to join in the watch, some of which did so a few days later. On the third day Dr. Tanner said he felt very hungry; he began to dispense with drinking water, only rinsing his mouth with it; had lost in weight four and a half pounds. On the fourth day he felt better, conversed freely, read the morning papers and wrote several letters. The mail brought quite a correspondence, as he was beginning to be largely noticed. It was agreed that the watchers should open the letters before giving them to Dr. Tanner, so as to be sure that no concentrated food was contained in them.

Nothing of interest happened for several days afterward. Dr. Tanner abstained from water also, as an experiment; only rinsed his mouth and used a wet towel around his head. After a week the chemist in charge wrote: "I was surprised to find Dr. Tanner so well. I expected a change but found none. This expectation was based on great changes I found in the water voided, in which there is a surprising diminution of urea."

After the first week doubters in Dr. Tanner's honesty, who rented the large hall which had been set apart for him, were forced to admit that everything was conducted fairly. But many predicted that he could not hold out another week, as the loss of two pounds a day would use up all the tissue he had to spare. It was now announced that the Herald had made arrangements that the reporters should join in the watch, which

pleased the faster exceedingly, as it would add to the conviction of the public that everything was conducted with honesty.

On the ninth day some allopaths and members of the Neurological Society completed arrangements to keep up a watch, and provided a book for their own observations, expressing regrets that they had not done this before.

On the tenth day he complained much of the heat, and had his cot elevated to the open windows in the front of the building. He slept little and asked frequently for wet sponges. On this day Dr. Bradley accuseed Mr. Johnson, one of the watchers, of taking something out of his pocket and giving it to Dr. Tanner, and said he believed it was food; further that the value of the experiment was destroyed, and that it was useless to go any further. When it was proven that the something given to Dr. Tanner was a wet sponge, he said he beleived it was wetted with beef tea. Dr. Wash suggested to give Dr. Tanner at once an emetic, which was earnestly urged by Dr. Tanner as a sure means to prove that he had taken no food. Dr. Bradley would not agree to this. Dr. Tanner with tears in his eyes begged Dr. Bradley to do him justice, and said: "Double your watch, and if I take food you can demonstrate my inability to accomplish my task long before the expiration of the remaining thirty days." Dr. Bradley, however, continued to talk boisterously and use profane and slang language; but when Mr. Johnson explained that he took his handkerchief out of his pocket to wipe his fingers which had been wetted by the sponge he gave to Dr. Tanner, and when this was verified by all others present, Dr. Bradley left annihilated and did not appear any more during the rest of the watch.

Curious to relate the chemist, who had not been present for several days, but daily received samples of the urine voided for microscopic inspection and chemical analysis, noticed at that time a striking increase in the amount of phosphates secreted, proving an abnormal waste of phosphorus, usually the result of mental and nervous excitement.

He continued without water, and on the fifteenth day unfavorable symptoms, evidences of cerebral disturbance, were manifest. He was urged to take water, and promised to do so if not better the next day; his pulse had risen considerably, and varied from 98 to 107, and on the next day he was worse; he drank ten ounces three times—thirty ounces in all. The next day he was much better, pulse fell from 108 to 95, and he took his first carriage drive, always accompanied by three or four of his watchers.

From the eighteenth day he was generally in much better condition. On the twenty-first day he walked to a photograph gallery, half a mile off, to have his picture taken. On the twenty-third day he wrote letters, and his mental activity continued bright until the twenty-sixth day, but the next day he was better, and showed his wonderful powers of recuper-

ation. On the thirty-first day he had eructations of gas, attended with nausea, vomiting water, mucus and bile, and at 11 p.m. an "alcohol sweat" was administered, which relieved him, as he had taken a cold during his carriage drive in the early morning.

In regard to this "alcohol sweat," some learned physicians, who were anxiously looking for some source of nourishment, suggested in the newspapers that Dr. Tanner was being nourished by alcoholic vapor baths. Justice requires the statement that he never took any alcoholic vapor bath, but simply sat on a chair, with a rubber blanket around him, while an alcohol lamp burned under the chair until perspiration was produced.

This assertion is on a level with another one, that Dr. Tanner obtained animal food from the animalcula in the water he drank, and that for this reason he preferred water from the spring in Central Park, as this was richest in animal life. The fact is, however, that this very spring water was exceptionally free from animalcula.

On the thirty-third day Dr. Tanner read the report that he had died.

On the thirty-fifth day he vomited bile several times, and a mustard plaster was applied over his stomach, which relieved him. It being suggested that he would have trouble when he began to eat again, he said that he knew better, and that all his troubles would be ended as soon as he took food in his stomach. That day he received the following cablegram from Paris:

"Dr. Tanner, Clarendon Hall, 13th street, N. Y.:

"Don't waste strength driving out. Shut off all spectators; have only your doctors and attendants. Standard telegrams republished everywhere, and read by everybody. Your experiment watched with great interest by scientists; ridiculed by fools. Hot weather is against you. Courage, brave fellow; hold on! Wish you success.—Dr. J. Marion Sims."

A cry was set up by all doubters, and even leading papers, that this dispatch was bogus. It was especially Dr. Hammond, who, when interviewed by a reporter about it, expressed most decidedly and vigorously his opinion that it was a most stupid game of Dr. Tanner's friends, a concoction, a fraud; that Sims would never send such stuff as that, and if he were guilty to cable such trash, he (Hammond) would endeavor to forget him; that the whole experiment of Tanner was useless; that it was not properly watched nor scientifically conducted, etc. These latter opinions were shared by all those who imagined that if they themselves did not conduct the whole affair, nobody else could do it—a kind of conceit very common among a large class of people of all kinds.

Unfortunately for Dr. Hammond, it was proved by an inquiry, made per telegraph by the *Herald*, that Dr. Sims indorsed the dispatch as sent by him, on which indorsement the *Herald* remarked: "How the two gentlemen must feel toward one another, Dr. Sims saying the experiment is only ridiculed by fools," Dr. Hammond having ridiculed it all the time, and

Dr. Hammond declaring the dispatch to be trash, and that he would endeavor to forget his friend Sims if he could really "cable such trash." Then a change appears to have come over Dr. Hammond; he became convinced that Dr. Tanner would succeed, and that the experiment was fairly conducted, and he wrote to Dr. E. Hoebe a letter (which the latter brought to Dr. Tanner) in which he stated that: "1. He thought the watching had been fairly conducted. 2. That Dr. Tanner had faithfully abstained from food. 3. That he had succeeded better than Dr. Hammond expected. 4. That there have been other long fasts, but that this is the best authenticated one. 5. That Dr. Tanner's organism is like that of other people, as he suffered as others would have done. 6. That he has shown that the symptoms of inanition produced in other fasts are fraudulent. 7. That he proved the impossibility to go without water for a long time. 8. That he has great pluck and endurance, commanding admiration. 9. That he should stop at once, to prepare his stomach for watermelon on the fortieth day. 10. That further perseverance in the fast is connected with great danger. 11. That the offer to go without food or water for thirty days is still open, but it is hoped he will not accept it. 12. That the investigations have been superficial and restricted: the exhalations from skin and lungs should have been analyzed, and the weighing was imperfectly performed. 13. That the scientific results are not what they should have been, but that enough has been shown to cause us to modify our view in regard to the effects of inanition on the human body. (Signed) W. H. HAMMOND."

In regard to the last two items it should be considered that Dr. Hammond was in ignorance of what was being done scientifically. The weighing was very carefully done, not only of Dr. Tanner, but of all the water he drank and voided, while of the latter a microscopic and chemical analysis was almost daily pursued. The temperature of the faster, taken in the mouth was most always between 98¾° and 99¼°, and very seldom descended to 98° or ascended to 100°.

On the thirty-sixth day Dr. Tanner was tolerably well, but on the thirty-seventh he vomited bile, and complained about being annoyed by the visitors, and feeling weak; the thirty-eighth day was one of the most trying; he suffered from nausea, and often vomited bile; rubbing of abdomen and legs with mustard footbaths relieved him. It was nearly the same on the thiry-ninth day, when more than six hundred people came to see him, and he went frequently down to the large hall, with bright and cheerful looks. On the fortieth day, before noon, at the close of the fast, nearly all the watchers were present. He had slept well the previous night, but was evidently glad that the end was near. Numerous presents arrived of all such kinds of food which the senders kindly supposed would be best to break the fast with, while he cheerfully showed himself to all who came. Two or three minutes before twelve he began peeling a peach, and when the noonday whistles of the surrounding factories blowed it was eaten.

He drank freely from milk just brought in from a reliable farm, then he asked for a watermelon. The physicians present remonstrated, but in vain. He said, "Let me alone, I know my own machine; I am now going to run it myself," and almost half of a large watermelon disappeared. He then went to take a ride in the carriage waiting in front of the door, and at his return commenced eating again. The quantity of food he made to disappear was appalling, and disgusted those who had before admired him for his excessive frugality.

This case appears to teach an important lesson, namely, that the customary treatment of persons who have been suffering from starvation, give them but small quantities of milk and brandy at long intervals, is all wrong. It is a fact that many die under this treatment after they have been rescued. This has been ascribed to disorganization incident to the long abstinence from food. Brandy is for man what the whip is for the horse; it can make the horse go, provided there are oats at the bottom of it; Dr. Tanner did not use wine or beer until after several good hearty meals.

Twenty-two hours after the close of the fast the bowels operated for the first time in forty-one days. This was one proof that no food had been taken. He was gaining now in weight at the rate of five pounds per day, and kept this up for several days, when his ravenous appetite moderated, and he ate considerably less, and remained stationary in weight for some days, when a slower increase set in again.

Another proof of the honest performance of the fast was the chemical analysis of the water voided, which was measured daily, as well as the water he drank. Two principal waste substances are carried off by the kidneys—nitrogenized substances from the waste of the muscular tissues, and phosphorized substances from the waste of the brain and nerves. In the usual conditions these substances are derived from two sources—the excess of nutrition by food and the actual waste of the system. When the supply of food is cut off the substances secreted represent the waste only. In Dr. Tanner's case the amount of nitrogenized substances secreted in this way diminished day by day, showing how nature economized the waste, until they represented scarcely one-tenth part of the original amount, while twenty-four hours after the break of the fast the amount had suddenly increased and more than tripled.

A most interesting investigation of the changes in Dr. Tanner's blood has yet to be noticed. During the last hour of the fast a part of a drop of his blood was placed under the microscope and examined with a suitable magnifying power. It was seen that every corpuscle, otherwise smooth in the normal condition, was covered with a kind of fungoid growth, which appeared to flourish at the expense of the corpuscles, as they were smaller than usual (in place of 1-3,600th of an inch in diameter they averaged about 1-5,000th), and some had a ragged, broken appearance. The

appearance is very similar to that seen in specimens of blood of patients who died of typhoid fever. Korel found the same appearance in the last stages of consumption, in aggravated forms of scrofula, and other ailments which tend to deteriorate the blood.

It may be interesting to remark here that there is a connection between this gradual deterioration of the blood during the prolonged fast, and the bilious symptoms and vomiting of bile taking place during the last days of the experiment. The function of the liver appears to be the secretion of the effete blood corpuscles and the change of them into bile; when the number of such corpuscles became abnormally large, the liver secreted much bile, became overtaxed, and bilious symptoms necessarily ensued.

1.

Appearance of the Corpuscles of Normal Human Blood.

2.

Appearance of the Corpuscles of Dr. Tanner's Blood after Forty Days of Starvation.

Very far from Dr. Tanner's starvation experiment being useless to science, it was not only useful to science as long as it lasted, but for some time afterward, giving a fine opportunity to observe the gradual improvement in his blood. It showed that blood drawn from the capillaries alone, near the skin, showed a far greater number of defective corpuscles than blood obtained by a deep puncture reaching bloodvessels from which it ran more freely. It might, of course, be expected that newly formed corpuscles, and corpuscles restored to their normal condition in the apparatus where the blood forming is going on, will be most abundant in the arteries which have their supply direct from the heart, while the most defective will linger longest in the capillaries until they can be no more useful, and then are carried with the rest of the venous blood to the secretory organs, to be eliminated from the circulation. It appears that this elimination is not going on at a very rapid rate, as more than a week after the close of the fast the blood corpuscles were not all normal yet. The restoration going on in two ways, a healing and restoration of the affected corpuscles, which were seen in all stages of improvement, and the formation of new ones in place of those destroyed by the fungoid growth, and of which the fragments were often quite frequently seen.—*Supplement.*

Dr. Farrar, of Brooklyn, in the *Dental Laboratory*, says that not less than half a ton of pure gold, worth half a million of dollars, is annually packed into people's teeth in the United States, and that at this rate all the gold in circulation will be buried in the earth in three hundred years.

A writer in the *British Medical Journal* declares that *Glycerine* in half teaspoonful doses is a simple and effective emetic for children.

A Word with one of Dr. Berridge's Critics. By Ad. Lippe, M. D.

It is simply nonsense to say that Dr. Berridge was but the imported tool and mouthpiece of others, left sadly in the lurch by them when the time came for administering the prepared dose to the American Institute.

Yet we find such a statement published in the Hahnemannian Monthly, August, 1880, page 496. As the author of that paper, bristling with erroneous statements, has mentioned my name in such a manner that it must appear by inference as if Dr. Berridge spoke for others, and among these others, for me, I feel myself compelled to contradict this statement. Dr. Berridge was not an imported tool, and was not the mouthpiece of others. We have further to say, the illconsidered remarks were wisely left out of the printed transactions, there was no discussion, there was a succession of illiberal remarks, and they were not to the point. Dr. Berridge did no more accuse Dr. Dunham of doing great harm by his liberal views than did Dr. Lippe when he wrote his views on the subject, and published them in a paper entitled "Liberty of Medical Opinion and Action." This paper was read before the Central New York Homœopathic Medical Society September 15th, 1870, and was published in the Hahnemannian Monthly. We are told "there was a profound determination to resent an indignity, to defend one of its honored and lamented dead, and its own good character." Did Dr. Berridge assail the good character of the late Carroll Dunham? Did anybody ever do so? Where, and when? Dr. Berridge pointed out a "fatal error"—in judgment—committed by C. Dunham, when he earnestly plead for absolute liberty in medical opinion and action. Notwithstanding this fact, Dr. Berridge says, "his memory we nevertheless hold in honor." How, in the name of common sense, could Dr. Talbot, in his spread-eagle speech, maliciously say that the good character of our lamented and departed friend was attacked? What Dr. Berridge said was but too true—"A change for the worse has taken place in our ranks ever since," and, now comes the offending words, "Ever since that time the name of Carroll Dunham has been held to sanction every kind of empiricism." The question properly opened by the harsh words spoken by Dr. Talbot would have been, "Has a change for the worse taken place since that address," and have not all and every advocate of new departures taken refuge behind that ill-advised advocacy of Freedom of Medical Opinion and Action? The charges brought against Dr. Berridge were frivolous, and nobody sympathized sufficiently with Dr. Talbot & Co., to show him his "error." To open a discussion on historical facts would have been utterly out of place; that was not the time or place to plunge the Institute into a heated discussion over "past facts." The author of this

contemptible misstatement of facts just passed before our eyes and ears, fresh in the memory of all present, might as well have thanked certain members of the Institute for their great forbearance, but that seems past his conception; and if this learned advocate of further extension of freedom will act consistently, he will continue to abuse and belittle his betters who progressively develop Homœopathy, and who follow the Master "forwards." Some men have been sadly disappointed because, as Dr. Dunham said, in his address, "I plead for freedom that they may the sooner return to that purity of practice we all desire!" Did they? Nay, instead of returning to a purity of practice, they now abuse, belittle, and find fault with the men who persist in "purity of practice."

It is well known where the shoe pinched the corns of Dr. Talbot and the other advocates of absolute freedom, to do just as they pleased as homœopaths. Homœopathy is not, and never will be, perverted into Eclecticism.

A MODERN DEFINITION OF SPACE.—"Space is a real, objective, immaterial, extended, continuous, infinite, immutable, eternal, and absolute whole of capacity to receive extended substance, existing in trine extension of infinite length, infinite breadth, and infinite depth, which is ideally divisible in each dimension, into infinite wholes of locality, all of possible forms and sizes, possessing the relations of similarity, difference, ratio, direction, distance, contiguity, and conjunctibility; and comprising units of trine extension, surfaces, lines and points, each of which is infinitely divisible; trine extension into surfaces, surface into lines, lines into points, and points into infinitesimal fractions of position, which compose the infinitude of space, in a number which is formed by the involution of relatively infinite number to the seventh power."

THE BEST VEHICLE.—An anecdote is told of a physician who was called in a foreign family to prescribe for a case of incipient consumption. He gave them a prescription for pills, and wrote the direction: "One pill to be taken three times a day, in any convenient vehicle." The family looked in the dictionary to get at the meaning of the prescription. They got on well until they got to the word vehicle. They found "cart, wagon, carriage, buggy, wheelbarrow." After grave consideration they came to the conclusion that the doctor meant the patient should ride out, and while in the vehicle he should take the pill. He followed the advice to the letter, and in a few weeks the fresh air and exercise secured the advantage which otherwise might not have come.

Book Notices.

Transactions of the Homœopathic Medical Society of Pennsylvania. Vol. II

This includes proceedings from 1874 to 1878, and makes as fine a volume as has ever been presented to the profession. It is beautifully printed, and the contents are worthy the care that has been bestowed upon them. Great praise is due the society, and especially the officers, for the care they have taken in preserving so many valuable papers, and the liberality they have shown in producing so faultless a volume. The secretary of a neighboring state society writes us, that so long as he can help it, his society shall not publish their proceedings in a volume. Let him look upon this book, and be wiser than he is. If copies are to be had, they should grace the libraries of our many readers. Address Dr. J. F. Cooper, Treasurer, Allegheny City, Pa.

Curability of Cataract by Medicines. By J. Compton Burnett, M. D., F. R. G. S. Editor of the Homœopathic World, etc. London Homœopathic Publishing Co.

Here, now, is a book that will pay the reading. The universal incredulity that exists in the minds of the profession upon the subject treated, will be a sufficient cause to ensure its perusal. Already its effects are to be detected in various quarters. A distinguished western specialist—a trans-Mississippi gentleman—writes us: "Have you cured any cases of cataract with medicine? If so, how, and how many?" The postal card upon which his conundrum is written still vitiates with the sarcastic chuckle of the writer. He has evidently been reading Burnett on cataract. He should not be in a hurry to place himself upon the record against Dr. Burnett's views. It is not to our mind plain, from a perusal of this book, that certain kinds of cataract ever have been, or ever will be cured by internal medication. There is a shocking want of definiteness in the term cataract. It is so loosely employed that it may cover conditions wholly diverse and unrelated, and so it happens that the cataract the writer is writing about is not the cataract the reader is thinking about. Before us lies the most recent nosological arrangement of eye diseases, and there are just *twenty-six* kinds of cataract specified. Is it not possible some of these may be cured by medicines? Let us go slowly on this question. Dr. Burnett has not proven anything very satisfactorily, but he has raised an important query, and thrown a flood of light upon it that is of great value. We commend this little book to the thoughtful reader.

Neurasthenia. A practical treatise on Nervous Exhaustion—its Symptoms, Treatment, etc. By George M. Beard, A. M., M. D.

This is an excellent book. It demonstrates that the author has unusual ability as an observer and reflector. On this special subject (Neurasthenia) he is, no doubt, the original writer thereon, and the style is easy and pleasant. It is almost a work based on homœopathic principles. The lower half of page 100, and the foot note, states opinions of "modern science," that Hahnemann gave the substance of eighty years ago. See Organon—paragraphs 9, 10, 11, (third American edition, 1849); but if the author had had a good conception of Hahnemann's ideas, he could have given a much truer rationale, than he did on pages 108-9. His defense of nomenclature, on page 13, of preface, is good, and should be read and digested by those who do not like the name *Psora*. On the lower part of page 4, he actually attacks the mongrel doctors. If some of our school (H. C. Allen, for instance) would take it and add *Therapeutic Hints* to it, it would be one of the most valuable works in medical literature. Send for it anyway—it will benefit you. Wm. Wood & Co., Publishers.—J. F. E.

The Venereal Diseases, including Stricture of the Male Urethra. By E. L. Keyes, A. M., M. D., Professor, etc., etc. Wm. Wood & Co., New York.

It will be seen that as this book forms part of Wood's Library for 1880, it is something on this vexed question of venereal quite up to the times. The author has already appeared before the public as a syphilograph, in connection with Dr. Van Buren, to whom he dedicates this later work. Dr. Keyes is a ready and interesting writer, but his style is far from a state of condensation. He may be said to be "wordy." He writes as a lecturer might be expected to talk, more with reference to the idea he is illustrating than to the mere form of words he uses. The pathological discussions are worthy of much praise. His treatment is largely *Mercury* in massive doses. He goes rather lively for the urethral specialists who have such a penchant for cutting what he calls mucous "undulations." Price $1.25 in connection with the entire set.

Treatise on Therapeutics. By Trosseau and Ridoux. Translated from the French. Ninth edition. Revised and enlarged. Wm. Wood & Co., New York. Vol. I.

The present volume discusses Reconstituents, Astringents, Alteratives and Irritants. These, of course, include a large number of important drugs used by the old school. Their properties and uses are what is attempted

to be taught. Two things strike us as quite curious, or they would be, if they were not so common. The first is the fact that a certain number of drugs are classified, say as astringents. Then their uses therapeutically are described, and there is as much relation between their astringent quality and their therapeutic action as there is between their color and their weight. Here is a gap the allopathic mind can not apprehend. It is a blindness which is, however, necessary to such gropings in the dark as we find on almost every page of this quite remarkable book. The second fact is equally remarkable. For any virtue the drug may possess they have no higher authority than the statement of various individuals.

On almost every page are numerous citations from writers, some of whom are well known as manufacturers of medical opinion, and others have no apparent standing, only as they happen to be quoted. And this reminds us of the poet's line,

"On what a slender thread hang everlasting things!"

It were easy enough to make another volume quite as large as this, with citations from well known authors, showing just the opposite opinion. How long will it be before medicine becomes a science in the hands of teachers who follow so uncertain a rule of action? There is, however, much of value in this book, for it manifestly is Homœopathy, though sadly adulterated. The authors are not, however, afraid of the homœopathic shadow. They acknowledge the action of drugs under the law of similia. But they flounder in a chaos of other ideas and principles without the power of extricating themselves or their readers. But we may put it down that Trousseau and Ridoux have made substantial advancement, and that we have nothing in that school that can at all compare with the productions of these justly celebrated writers. The two volumes are parts of Wood's Library for 1880. Twelve volumes for $15.00.

The Practitioner's Hand-Book of Treatment. By J. Milner Fothergill, M. D. Henry C. Lea's Sons, Philadelphia.

This excellent treatise can be profitably read by all members of the profession, and especially the younger members. It, in a manner, gives the results of observations made by an observing practitioner of such phases of disease and idiosyncrasies of patients as present frequently, but are not usually given in text books. It treats many subjects, such as relation of physicians to the profession, and recommends a higher standard of regard for their calling, personal relations to each other, public and private hygiene, preservation of the teeth. A valuable work, and one calculated to raise a personal appreciation for the calling. Robert Clarke & Co., Cincinnati, O.

Editor's Table.

PHILADELPHIA, August 14th, 1880.—At a meeting of the homœopathic physicians of Philadelphia, held July 25th, 1880, in reference to the decease of Dr. Hering, the following resolution was adopted:

"That a Memorial Meeting be held in honor of the deceased, at which physicians from all parts of the world should be invited to participate, either in person or by letter." The following committee was appointed to carry the resolutions into effect: Drs. Ad. Lippe, Edward Bayard, William Wesselhœft, H. N. Guernsey, J. K. Lee.

On the 13th of August this committee met at the house of Dr. Ad. Lippe, and the following resolutions were adopted:

To call a Memorial Meeting of Dr. Hering, to be held in the City of Philadelphia, in the hall of the Hahnemann Medical College, on Tuesday, October 10th, 1880, at 8 p. m.

To notify all the homœopathic journals of this Memorial Meeting, and ask them to so publish it.

To notify the friends of our school, and of the deceased, in all parts of the world, of this proposed Memorial Meeting, to ask them to hold a Memorial Meeting on the same day, and forward the report of such meeting to this committee, for incorporation in a memorial volume, to be published by the friends of the deceased. By order of the committee, AD. LIPPE, Chairman.

THE Nebraska State Homœopathic Medical Association meets in Omaha, September 22, 1880, at nine a. m., at Drs. Wood & Hart's office, corner 15th and Cap avenue. C. L. Hart, President; H. A. Worley, Secretary.

DR. M. M. GARDNER, of Utica, N. Y., died July 31st, of Bright's disease; aged forty-nine years. The Oneida County Homœopathic Medical Society held a special meeting, and passed appropriate resolutions.

DR. J. C. RAYMOND, formerly of Utica, N. Y., has located at 626 Thirteenth street, Oakland, Cal.

G. W. BERNARD, M. D., is now at Edenburg, Ind.

CHICAGO, ILL., according to last Hoyne's directory, has one hundred and twenty-seven homœopathic physicians; Boston has one hundred; St. Louis, sixty; Cincinnati, thirty-three.

A NEW feature is that at Chicago, a hospital of sick birds and orphans. Mrs. A. F. Moir is matron and chief physician, also nurse and instructor for the young. The departments represented to date are medical, surgical, obstetrical, that for orphans and blind.

DR. M. M. HAMPTON, New Paris, O., will leave New Paris for Colorado, for his health. His practice is worth $2,000 a year, and capable of great increase. A good man is wanted to take this field. No other homœopath near. Address as above.

THE St. Louis Clinical Review is living *a la* Tanner. It comes to us for August with thirty-two pages. We would suggest a change before forty days.

DR. W. C. LEECH'S return to Cincinnati is one of the probable events of the future.

DR. D. B. STUMPFF has moved his office to 311 Elliott street, Buffalo, N. Y. Dr. C. B. Gilbert to 1104 F. street, N. W., Washington, D. C.

WE ARE informed that our statement concerning Dr. Slosson, in last number, is erroneous.

DR. E. C. SEGUIN, 41 W. 20th street, New York, has been selected as representative of the committee having charge of the interest exhibited for the erection of a monument or memorial to Dr. Claude Bernard, the industrious and eminent physiologist. Subscriptions should be sent as above, for this worthy and commendable effort.

BUTTERMILK as summer food, drink and medicine, is highly spoken of. It supports the system, and in increased temperature cools the system. It is favorably spoken of as a domestic remedy for dysentery.

IN treatment of snake bite, tie around the member bitten, tightly, a cord above the bite. Remove by suction all the fluid possible, bathe the lacerated part with *Ammonia*, and allow the circulation to be very gradually established. The venom taken in the mouth, in suction produces no deleterious effects on the attendant.

SCHOLARSHIPS in homœopathic colleges for sale at special rates. Address Scholarship, this office.

DESIRABLE LOCATION. Redding, Shasta county, Cal. About $3,000 per year to a good man, so the present occupant informs us, but he leaves on account of his wife's ill health.

1881. BUREAU of General Sanitary Science, Climatology and Hygiene. Subject for discussion: Personal Hygienes. I. Bushrod W. James, M. D., Philadelphia, Pa., chairman. Introductory, showing progress in sanitary affairs during the year; also special introductory showing importance of personal hygiene as compared with personal medication. II. 1. D. H. Beckwith, M. D., Cleveland, O. Personal Hygiene as to the Air Breathed. 2. T. S. Verdi, M. D., Washington, D. C. Personal Hygiene as to Dwelling Occupied. 3. W. H. Holcombe, M. D., New Orleans, La. Personal Hygiene on Food Eaten. 4. T. P. Wilson, M. D., Ann Arbor, Mich. Personal Hygiene as to Habits Formed. 5. E. N. Jones, M. D., Taunton, Mass. Personal Hygiene as to District Inhabited. 6. L. D. Morse, M. D., Memphis, Tenn. Personal Hygiene as to Clothing Worn. 7. Geo. W. Ockford, M. D., Burlington, Vt. Personal Hygiene as to Fluids Drank. 8. W. W. Taylor, M. D. Personal Hygiene as to Business Followed.

WANTED.—Vol. I, and No. 1 of Vol. IV. Address, stating price, A. E. Elliott, M. D., Lodi, Medina Co., O.

FOR SALE.—Practice of $300 per month, town of 10,000 inhabitants, forty miles from Boston. Address, C. A. N., care Otis Clapp & Son, Boston, Mass.

CINCINNATI MEDICAL ADVANCE

T. P. WILSON, M. D., EDITOR. ANN ARBOR, MICH.

J. P. GEPPERT, M. D., ASS'T EDITOR CINCINNATI, O.

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THE DICTUM OF "S. L." will probably go as far as any other man's; unfortunately it will go much farther than most writers, for "S. L." is not always clear-headed, though he does clothe his ideas, right or wrong, in a taking garb. He is unmistakably an enthusiast, but not a born philosopher. He manages, with masterly adroitness, to frequently get on both sides of the fence. In a late number of the Medical Investigator, he gives his idea of the treatment of perityphlitis. He wastes no time on pathology or symptoms. He dashes in with an *elan* that is almost irresistible. "There is only one treatment which promises success; *Absolute rest of the body and tranquility of the intestine through large doses of Opium.*" The italics are his. He then proceeds: "Therefore everything must be avoided whereby (1) the body is moved or the abdomen pressed. * * * * (2) The intestines may become expanded or instigated to peristaltic or antiperistaltic motion. * * * * *We must give Opium early and in large doses* FOR A LONG TIME." We have ventured to raise the last four words into small caps. They are an important feature in the case. Before we go farther, let us observe that this is a night blooming cereus of the physiological school. It is, at all events, an exotic in the garden of Homœopathy. It is a particularly bright gem of the "Rational" method in therapeutics. "S. L.," is he not a distinguished physician? What better proof can an empiric want than his say so? Of course there is a physiologico-pathological basis for this. It is furnished with charming readiness. "Till the peritonitis has

run its course, which is only possible after the absorption of the peritonitic exudation, formation of the capsule around the concrements, and obliteration of the lumen of the processes(?) vermicularis." This intelligence is alarming. It means, in plain English, that the peritonitis can not have run its course until it has subsided. This is *lumenous* pathology, and we think we "see it." But even this is better than what follows. There is required "*no physical examination to ensure a strict diagnosis.*" This time we make the italics. Thus do we see pathology murdered in the house of its friends. Still he has some compunctions at going it so blindly. "The slightest pain in the cœcal region is often only the first expression of a beginning peritonitis. * * * * * Even where the diagnosis is wrong, and the patient suffers only from colic, it is better for the patient that his physician err on the safe side." Therefore, if the patient have pain in the ileo-cœcal region, "*we must give Opium, and in large doses for a long time.*" For why? In the first place because "VOLTZ" says so. And who is "VOLTZ?" He, the "S. L." of Germany, whose say so may be found in the *Allgemeine Medical Centre Zeitung.* And in the second place we must not permit or instigate peristaltic or anti-peristaltic motion. And why not? Simply because "VOLTZ" says so. There you have it completely in a circle, and you can not break it. And RAUE, and RUDDOCK, and JOHNSON, and HAHNEMANN, and many others, say nothing about it in their works on pathology and therapeutics. It is a pity that "VOLTZ" does not give us something better, and then we can discard these writers against whom there is "general complaint of students and young practitioners." Now the funny part is yet to come. "I do not consider VOLTZ's treatment even an infringement on 'Homœopathy.'" Well, nobody but an idiot would. And it is worse than idiocy to tack such stuff on to homœopathic practice. Men who talk such nonsense either do not understand Homœopathy or do not believe in it. At any rate they do not practice it. It is wholly unpardonable in a man of "S. L.'s" attainments and eminence, to commit so great a blunder. He can not be a safe teacher who is so easily misled. Granting his statement to be true, it would be impossible to maintain the doctrines of SAMUEL HAHNEMANN. There is no practice of the empirical school that can not be as easily substantiated as this "only one treatment" of perityphlitis. "Students and young practitioners" will do well to throw it into the rubbish, where may be found the shattered remains of many other specifics of the "rational" school.

A HIGH STANDARD of medical education is perhaps not so much demanded as it is needed. There has been a vast amount of cheap talk upon the subject, and among the loudest of the talkers are some who have done the least to bring about the desired reform. The pressure in the opposite direction can not be resisted by a majority of our medical schools. Their greatness, they assume, will be measured by the size, and not the quality of their work. There are a few earnest, intelligent medical students who

do not count time and money against qualifications. They seek for the best, and we hope, in every instance, they may find it. There is, however, a large class of persons to whom a degree or a diploma is the one thing to be desired. A student of this class will besiege a half dozen institutions, and after getting their terms, privately modified in some instances, select that school in which he can get through the quickest and cheapest. It is this class of students that holds our standard so low. Too many schools can not turn their backs upon them and live. Yet the hope of our profession lies in that ability which our medical colleges must yet possess to break away from such influences, and to set up an honest standard before the world, and maintain it.

THE VINUM NUTRIO PHOSPHATICUM.—THE ORTHOZOIC CHEMICAL ASSOCIATION.—We give this company and its wonderful production the benefit of a gratuitous notice. The claims of the Association are something wonderful, and they are pitched upon such a modest key. "The object of the Orthozoic Chemical Association is to prepare such agents for professional use as a thorough scientific consideration of the practical problems in physiologic therapeutics shall indicate." The result of such consideration has culminated in the *Vinum nutrio phosphaticum*. "It is averred, on behalf of this preparation, that it constitutes a complete, final, scientific solution of what is universally recognized as the most important of all practical problems in physiologic therapeutics." Or in plain English, "through scientific consideration" of the unattainable absolute, they have hit upon the thing sought after. It is not only found, but is manufactured by the Orthozoic Chemical Company, and it is to be had for one dollar a bottle; "dose for adults is from one to two tablespoonfuls with meals; proportional doses for children and infants." This is a big thing, for Dr. ANDERSON says so, and he knows, because he is a doctor. Much of the reasoning set forth in the pamphlet before us, is decidedly "rational," and it will just suit a certain class of minds in the profession. Men attempting to practice Homœopathy without understanding it, will be among the first to take hold of it. The old school gentlemen will be sure to use it if it is advertised hard enough, and all that remains to make it sell is to get the names of a dozen college professors signed to it with their respective titles, in full. And who can doubt that such honorable college professors can be found. Just look over your journal advertisements and then tell us if medicine is a commercial or a scientific body. Tell us what hope there is for advancement, when these things receive the aid of our would be leaders. Alas, what blind leaders of the blind!

veins are now known to be perforated by minute orifices, exceedingly difficult of demonstration, called stomata, designed to admit lymph from the lymphatics, which do not at all times terminate in ducts opening into the blood channels. The grosser elements of the blood escape from the vessels through these stomata; the fluid portion as already intimated, by a process of exosmosis.

The character of the exudation is directly dependent upon the degree of engorgement, or, as pathologists express it, intra-vascular tension. When the tension is low, the loss is chiefly serous, the exudation being taken up in the tissues into which it is pressed, and nothing of further interest occurs; the ordinary saline constituents are found, and inspection will show ordinary blood-serum without any change. Should the tension be greater, however, the exudation is found to be albuminous, and lymphoid corpuscles or leucocytes will escape in greater or less numbers, The imminency of suppuration is dependent directly on the number of leucocytes escaping into the tissues. The method of this escape has been frequently alluded to in our meetings, and can not require further notice at this time—all this, it will be observed, is descriptive of sub-cutaneous exudation. When the exudation is observed on a free surface, as an open wound, there is not necessarily a condition of inflammation, the lymph being derived directly from the lymphatics, although a portion may come from the blood. Now it must be remembered that the lymph corpuscle as found in the efferent absorbent vessels, is wanting in the full development of the leucocyte, not having yet received the breath of life from the lungs. It acquires such properties, however, in this instance, perhaps to a somewhat limited extent, from the new relation it now assumes to the mass of the blood. The lymph entering the mass of venous blood is brought into contact with effete material going to the lungs for combustion, and formative material going thither for oxygenation. The conditions of life, to the leucocyte, are not met until the lungs are reached. In fact the conditions are those of death, and the corpuscle may perish, and become itself effete material if its passage to the source

of its life is delayed or impeded beyond reasonable limits It is manifest, therefore, that the lymph derived from the absorbents, in the case of open wounds, is deficient in a very essential particular, as a medium of repair, and its diversion from its legitimate destination would render it unless it could secure some portion of its needed vitality in its new situation. It does so in two ways: first, in a very imperfect manner, by being brought into contact with the air; second, by receiving some stimulus from formed leucocytes escaping in the blood. The leucocyte when brought into relations with formed cells, or those capable of plastic organization, has the peculiar property of imparting life to them, and stimulating them to duplication. One living leucocyte will not only impart life to the corpuscles with which it is in immediate relations, but they, in turn, will extend this to others with which they are in contiguity, until the whole mass in the part is fitted for purposes of organization. In this way, therefore, the lymph becomes fitted for purposes of repair.

We have now accounted for the presence of the lymphoid corpuscle, and the serum, in the effusion; it remains to enquire whence comes the tissue debris.

The intensity of the inflammatory action, by which we understand the extent of the process, and degree of stasis, may be sufficient to completely suspend local circulation, and molecular death, which is constantly going on, becomes intensified, both from the lack of new material to replace that thrown off, and each dead particle not carried away to its natural destination, becoming septic, and by contiguity, enlarging both the boundaries of the molecular waste, and the rapidity of the process. This material, as thrown off, is held in suspension in the exudation from the vessels, and constantly adds to its deterioration from the normal standard. Not only in this way is the dead tissue supplied. The tension to which the parts are subjected, by the constantly increasing swelling, devitalizes the tissues already suffering for want of new material, and the quantity of debris is notably increased. To add to the condition the leucocyte is endowed with a definite duration of life; the exact period can not be estimated with

any certainty, but certainly when it has reached the capillaries its mission is accomplished, and it enters the venous radicals as a dead particle, either to undergo fatty degeneration and absorption, re-entering the circulation again, from the lymphatics (never in its entirety, only as furnishing elements needed in the lymph); or disintegrated and destroyed finally in the lungs. In the case of subcutaneous effusion, the leucocyte life may be slightly prolonged; but when occurring on free surfaces, contact with an atmosphere laden with inimical forms, infusoria that feed on it, and spores that destroy it in other ways, speedily kills it, and it is thrown off in the discharges of the part.

Finally the tissue debris is produced by the results of extreme inter-vascular tension. In such instances the vessel gives way, is ruptured, and the blood in mass is extravasated into the tissues. The red blood cells can not be absorbed until they have lost their oxygen, and undergone fatty transformation; being carriers of oxygen, they materially hasten molecular waste, and the condition of the part is such that the waste is not connected as in ordinary normal conditions. We may note, also, that the coloring matter of the corpuscles thrown off during their retrogressive changes, induces pigmentation or staining of the part, and this will last for an indefinite time.

This is a brief explanation of the phenomenon of sanguineous exudation, and an account of the methods by which the three grosser elements are produced.

It now remains to consider some of the phenomena of suppuration, as preparatory to the enquiry, what relation exudation bears to that process.

When suppuration is about being established, there will be much tumefaction and redness of the part, notably elevation in local temperature, pulsating or throbbing pains, and rigors more or less severe and constant. The rigors are due to the sudden accession of heat, and may be well illustrated by the shivering experienced when coming in from the cold winter air to a warm room. When the focus of suppuration is in one of the viscera, there will be much constitutional dis

turbance, pain on palpation of the affected part, and the rigors will be more pronounced. When it is subcutaneous, either in superficial glands or the areolar tissue, the constitutional symptoms will be less marked and severe, and the local will assume more prominence. The part will swell and become tumefied, have definite boundaries, and be very sensitive to pressure or tactile examination. In from twenty-four to forty-eight hours a point will become softer, somewhat paler in color, and slightly projecting. This indicates the position of the future opening, by which the contents are to be discharged, and is technically known as the act or process of "pointing." Pointing occurs at either the most dependent portion of the swelling, or that which offers the least resistance; all things being equal, the last will be the controlling feature. As soon as the integument gives way, and the imprisoned pus discharges, the temperature will fall, and the pain and inflammation sensibly abate.

When suppuration occurs on a free surface, there is little general disturbance, the pus gradually forming from the lymphatic exudation.

Suppuration occurring in closed cavities, or subcutaneously, is technically known as an "abscess;" when on a free surface, a "purulent secretion." The latter needs no special notice at this time. The consideration of abscess will be profitable, and, indeed, is an essential part of our subject.

Abscesses are spoken of as acute or chronic, diffused or encysted. The former, acute, occurs as the result of active acute inflammation, and is the typical form.

The chronic variety is usually found as a result of chronic inflammation, or retrogressive changes in dyscrasic individuals.

Diffused abscesses are those in which the pus is pressed out into natural cavities, or contained in subcutaneous connective tissue, without any limiting membrane.

Encysted abscesses are those in which the pus is contained in a cyst formed of adventitious tissue, and has, therefore, definite boundaries and outlines. This form will be taken as

the type, inasmuch as others are simple, accidental modifications of the parent form.

An abscess is the result of one of two states of facts, viz.: a subcutaneous lesion, or excessive albuminous exudation from extreme inter-vascular tension; in other words, acute inflammation. In the former case lymph is thrown out in quantities to repair the injury, always in greater profusion than the exigency demands; that portion which is not needed for the purposes of repair, either being resorbed, or from some defect in this process, converted into pus, and forming an abscess. When a structural lesion is made to heal without exciting inflammatory action, the chances, in a healthy body, are greatly in favor of resorption of the superfluous lymph; but should inflammation be excited, additional lymphoid corpuscles are furnished, and an abscess is imminent. Whether the cause for the lymphatic exudation, therefore, be inflammation or an attempt at repair, the conditions are to a certain extent identical, viz: an accumulation of lymphoid corpuscles or leucocytes. Collecting in a lymphatic space, a small gland, a duct, an intermuscular space, or a cell in the connective tissue, the natural boundaries are much enlarged by the distension to which the walls are subjected. The enlargement of the space is only limited by the extensibility of the tissues, and the facility for organization of plastic material. Thus, as one leucocyte after another is forced into the cavity of what now becomes an abscess, the walls are more and more distended, the lymphatic effusion and the condensation of the connective tissue gradually forming an adventitious membrane, effectually limiting the further extension of the abscess; the membrane is still known as the "pyogenic membrane," from an old term applied to it when it was supposed to be the source of the pus. When this becomes fully organized, two important changes occur: first, the imprisoned leucocytes die with rapidity, and undergo a fatty transformation; second, the point of least resistance commences to thin, preparatory to furnishing an outlet to what has now become pus. The rupture of minute blood vessels has already added some blood to the contents of our cyst; the dead particles

from the necrotic action necessary to produce the outlet, still further deteriorate the purity of the fluid. We now find that the pus has these characters: liquor puris (serum); blood; leucocytes; detritus from the tissues of the part; the so-called pus cell, or cystoid corpuscle; and remains of the connective tissue, popularly known as the slough or "core." The last portion of the "core" which is discharged, is the pyogenic membrane itself, which is partly morbid, and partly cast off. When mostly absorbed, the resulting depression or deformity in the scar, is reduced to the minimum; opposite conditions obtain when it is entirely cast off, as a deciduous membrane, particularly when it is squeezed out in obedience to a popular barbarous superstition.

Now it will be observed that the inference naturally to be drawn from what has been said, is that pus is nothing more than dead leucocytes, with blood, tissue debris, and serum, added. This is a fact, to sustain which I will be enabled, I trust, to offer you a practical demonstration before we separate for the night. The fact was first discovered by Cohnheim, or rather the demonstration completed; Beale, Virchow, Rokitansky, and Frey having added very much to the final demonstration. In *Frey's Compendium of Histology* (p. 9) the results of these long years of experiment are thus given:

"We proceed further; we enquire after the life of the cell. A life we have already ascribed to it, although a limited one in the service of the whole. Can this, however, be demonstrated? This question is asked by many. We answer, yes. We recall to mind that which we remarked above concerning the bathybius and protomœba, that constant mutability, that vital power of contraction of the protoplasm. Numerous cells of our body, as, for instance, the lymphoid cells, show the same, and possess an amœboid change of shape. When, by an artificial experiment, we produce an inflammation of the eyeball of a frog, instead of the clear aqueous of the normal condition, the contents of the anterior chamber soon appear more cloudy. In this less transparent fluid, we now meet with innumerable lymphoid cells, which, in this

case, are called pus corpuscles. If we subject these cells, in a conservative manner, to microscopical examination, we recognize the vital metamorphosis, already familiar to us, of the protoplasm. Every shape which our figure 15 presents—and innumerable others also—may, one after the other, be assumed by the same cell, till finally, in death, it comes to rest as a spherical body. Formerly only these corpses were known."

Some may ask, why do these bodies undergo a fatty change? Dead organic matter in the human body is disposed of in one of two ways, normally, viz: absorption or elimination. When by the former, it must become saccharine or fatty to be in proper condition to be taken up by the absorbents. When elimination is to be accomplished, it is also emptied into the venous current, but not for oxygenation, but to be carried out by combustion, cutaneous, salivary, renal, or alvine excretion. Certain it is that some dead matter, as said earlier, is occasionally "made over" by the lymphatics, etc., but, as a rule, it is simply thrown out as useless and hurtful. The fatty change that the leucocytes in an abscess undergo, fits them for absorption, it is true; and in a normal condition of affairs, which practically never exists in a state of civilization—such would be the disposition. But errors in food, in temperature; vices of body; exposure to accidents in the daily walk of duty, added to the extreme tension which alone predisposes to destruction of the superimposed integument, all combine to defeat the ends of nature, and prevent the absorption of our lymphoid bodies.

This opens another avenue for exploration, viz: the disposition of the pus thus formed. The question is often asked, can pus be absorbed? Unhesitatingly, yes. This is patent, from a consideration of what has gone before. The first change will be a loss of serum; further fatty change in the corpuscles, and ultimate absorption. Sometimes constitutional vices, as struma, will operate to convert the now dry and laminated pus into a cutaneous concretion, frequently observed in scrofulous children in the salivary glands. The liability to accident, to which all are exposed, adds to the

imminency of increased inflammation, so that the modern surgeon is too often required to choose between artificial and natural opening for the discharge, all thought of resorption being usually put to one side. We will not stop to argue this question here. We have hitherto had more particular reference to the abscess. A few words are needed on purulent secretions from a free surface.

In this instance the purpose of the exudation is somewhat different; it is not in any sense accidental, but designed for reparative purposes. The excess of the plastic matter is cast off, but differs essentially from the pus observed in the case of abscess, as it does not contain blood nor detritus; it is pure pus, lymphoid bodies and serum. Frequent inspection of the excretion must be had, as any defect in its composition or quality indicates corresponding defects in the process of repair. Erysipelas, pyæmia and gangrene can all be foretold, with reasonable certainty, upon examination of the pus from the part threatened by either of these forms of morbid action. Simple inspection with unaided vision will often give a gross conception of such changes, but accuracy can only be obtained by microscopic examination.

We have now learned that pus is composed of blood essentials, and is not a new morbid production; it is a process of luxuriation, redundancy. Some might still question from the fact that the pus corpuscles, in the case of large abscesses, outnumbers the whole number of leucocytes in the body. Who can tell what that number may be? We know that when fasting, they are much diminished; when assimilation is going on, they are immensely increased. The quantity during alimentation also greatly varies with the kind of food. The whole question of supply is dependent upon glandular activity. Now in cases of prolonged or profuse suppuration, we know that great prostration occurs, and a condition known as hectic comes on, which is due to waste of the plasma needed to repair molecular loss; the glands are pushed to a point of complete exhaustion. When such conditions become chronic, as in psoas or iliac abscess, the exhaustion comes just as surely, but less speedily, and maras-

mus or general atrophy is characterized by glandular hypertrophy, indicating, accompanying or preceding our action. A moment's reflection, therefore, must at once convince any who may be sceptical, that no embarrassment need occur in estimating the source of the pus corpuscle.

Furthermore, it should be borne in mind, that there are conditions in which the pus is not laudable, being ichorus and watery, show few lymphoid bodies, but great quantities of dirty serum, and tissue waste. This is known as ichorrhæmia, as distinguishing it from suppuration, and represents not a condition of luxuriation, but actual decay, liquefaction of the tissues being the leading characteristic.

So suppuration on pyogenesis may be summarily stated to be a condition of repair, in which the plastic elements are in excess of the demand, the superabundance undergoing fatty changes to fit them for resorption, and re-orginization to fit them for the purposes of life; also an accidental extravasation of blood elements into the tissues, in quantities beyond the power of the absorbents of the part to carry away.

Intermittent Fever. By C. Pearson, M. D., Washington, D. C.

In the November, 1879, number of the Counsellor, I made the statement that no case of this disease had ever been cured with *Quinine*, *Chinoidine* or any other so called ague cure, that could not have been much more promptly, safely and permanently cured by the appropriate homœopathic remedy, from the 200th to the *cm* potency. This was no wild or careless assertion, but the simple truth, and yet I can remember a time when if any one had made such a statement in my presence I would have thought him demented or dishonest. I did not believe it because I had never tried

it, and I would not try it because I did not believe it, and so I remained in ignorance of this grand truth. Nor is this true only as to locality or season, it is applicable wherever and whenever the disease may occur. After having practiced seven years in Ohio, over twenty-three years ago, I located west of the Mississippi, and the homœopathic physicians there told me the potencies would not cure ague in that country; that they might do east, but for such chills as they had in that locality, nothing but *Quinine* would do. When I came east they told me the potencies might do for western chills, but for the kind they had here *Quinine* had to be given.

Twenty years ago I more than half believed this would hold good as to any locality. I had never cured a case homœopathically; had disposed of many with *Quinine*, *Chinoidine*, *Arsenic*, etc., and had tried to reason myself into the belief that anything that cured was homœopathic, though I knew the allopaths were making just such homœopathic (?) cures every day. I usually commenced the treatment with the 6th dilution in drops, and as this did no good went down to the 3d, then if my patient was patient enough to wait on me, fell to the 1st or the crude, repeating, alternating and rotating, and was much disposed to admit what every one almost believed, that Homœopathy would not cure chills. I really dreaded to meet the disease, having such a dislike to resort to crude drugs, still disposed to try every new remedy mentioned in the journals, and these were full of them, and to do anything and everything except what Hahnemann, Boenninghausen and other homœopathists had directed. In utter despair and believing there must be a better way, I ventured on one occasion where the case presented that ever reliable symptom of *Eupat. per.*, vomiting as the chill passes off, to give one powder of the 30th of this medicine, and nothing more for forty-eight hours, and I shall never forget my joy and surprise when my patient, on the evening of his chill day, rode six miles to tell me he had escaped both chill and fever. This was the first homœopathic cure of ague I had ever made though practicing what was regarded as Homœ-

opathy for ten years. This opened a new field for thought and investigation. I at once threw "physic to the dogs" and from that day to this, though I have occasionally met with cases that have annoyed me by being more protracted than was desirable, though nothing in comparison to what I had formerly met with, I have never for one moment been disposed to attribute this to the imperfections of Homœopathy, or been obliged to give *Quinine*, but have felt assured it came from my imperfect knowledge of the application of a perfect principle. Some ten years ago I made the statement that there were three reasons for our failures in the treatment of this disease. First, our failure to select the appropriate remedy; in giving it too low, and in repeating it too often, and every additional year's experience confirms this to be true. More failures will occur from the use of the 30th than from the higher potencies, and it will not bear repeating so often. I rarely now give a medicine below the 1*m*, generally from the 50*m* to the *cm*, and while my cures as a rule are much more prompt than they were with the 30th or the 200th, the attacks are no more liable to return than is any other disease. Hence it is folly to attribute a failure with these preparations to the potency being too high, a hundred times more are made by the potency being too low. But the great trouble is in selecting the appropriate remedy, and the book has yet to be published that will enable us to always do this with accuracy. I am satisfied the time of day for the paroxysm is unimportant; we are told that *Eupat. per.* has chill in the forenoon, and *Apis* in the p. m., and yet in all the cures I have ever made with *Apis*, and they have been many, the paroxysms occurred in the a. m., while some of the most prompt cures I have ever seen from *Eupat.*, have been of evening chills. If the "key note" of this medicine, vomiting between chill and fever, be present, it will cure without reference to the time of day. And so will *Nat. m.* cure where its symptoms of fever sores on the lips is present. It is nonsense to assert that they cease where this symptom occurs, will recover just as promptly without this medicine as with it. I have seen cases after this appeared, last for weeks,

treated with other remedies, or with this too low, and too often repeated. I am greatly in hopes we will ultimately be able to discover the "guiding symptoms" of other remedies as well as the two just mentioned, and wish I could have the opportunity of treating one dozen new cases every day for a year, that I might, by close observation, be enabled to add two or three more to this list, but I can assure those who cure or suppress symptoms by the primary action of the drug, they will never find a better way until they seek it. It is a wild assertion that cures (such as they are) are never made except according to the law of similars. *Morphine* may, in an allopathic sense, cure pain and diarrhœa, if the patient survive it, but every novice in Homœopathy knows that its homœopathic indications are directly the opposite to these. It is an ungentlemanly exhibition of ignorance to assume, that those who use the high potencies can not, and do not, cure their patients by such treatment, that where cures occur, it is from the patients taking *Quinine* without their knowledge or consent. If men making such charges could only witness a succession of homœopathic cures, which they could easily do if they wished, they would probably be ready to exclaim, with Dogberry:

> "Oh that he were here to write me down an ass!
> But, masters, remember that I am an ass,
> Though it be not written down,
> Yet, forget not that I am an ass."

Parasites and Parasitic Diseases. Read at the Fourteenth Annual Session of the Indiana Iustitute of Homœopathy, Indianapolis, Ind., May 25, 1880. By J. M. Partridge, A. M., M. D., South Bend, Ind.

The subject of parasites and parasitic diseases seems not to have received, from medical or scientific sources, the share

of attention which its importance demands; and, among the people at large, there exists a degree of ignorance on this subject which is as remarkable as it is inexcusable.

Occasionally the appearance of a tape worm attracts the attention, and excites the wonder of a whole community; or the case of a child in convulsions is diagnosed by some semi-medical woman as a clear case of "worm fits," and the diagnosis is universally approved. Nor, indeed, is this sweeping diagnosis which ascribes all cases of convulsions to parasitic causes a whit more unreasonable, nor half as inexcusable, as the scoffing reply of the doctor, that if children ever had worms they are a part of the economy of nature, and are entirely harmless. Now and then a peregrinating worm doctor puts in his appearance; one pocket is filled with bottles of J. Smith's lightning worm killer, another contains a bottle of samples of parasites slain. He readily gains access to the people's confidence, and what is better for him, he gains access to their pockets.

Parasites infest both the vegetable and animal kingdoms, and are doubtless transmissible from the one to the other. It is well understood, and susceptible of proof, that carnivorous animals obtain their parasites from their food, that is, from the flesh of their victims, and in the absence of proof to the contrary, it is fair to infer that herbivorous animals obtain parasites from the vegetable food on which they subsist, and it appears that diseased or blighted vegetation is most likely to be infested with parasites, and moreover that the "blight" in plants is a parasitic disease. It is universally observed that famine and pestilence go hand in hand, and it is evident that the pestilential diseases which famines engender, are due not so much to an actual scarcity of food as to the unhealthy or diseased condition of the same.

The law of migration and development of parasites, although as yet but partially understood, is certainly full of the deepest interest and worthy of the most profound investigation; and that student of nature who shall penetrate the unexplored regions of the vegetable parasites, with such satisfactory results as have attended Cobbold, Leuckhart and

Zenker, in their researches among animal parasites, shall, not only, like them, bring treasures of knowledge of inestimable value into the storehouse of science, but shall also write his name high on the immortal tablet of fame.

But the department of medicine and sanitary science is most interested in investigating the origin, history and destiny of those parasites affecting animals, and especially the human race.

Of these there are thirty-one distinct species found in man alone; some very numerous, and others but seldom seen; some are monsters in size, and others invisible to the eye, unaided by a powerful microscope. There are also different species, and different varieties of the same species in different countries and races of men. One variety of the tape worm, *Tœnia echinococcus*, is found among the Islanders. Another, (*Tœnia mediocanellata*) has a partiality for the Russian stomach; the long tape worm (*Tœnia solium*) is found most commonly in Great Britain, and the broad tape worm (*Bothriocephalus latus*) prevails on the continent of Europe; and these last two varieties are found to some extent this side of the Atlantic, while the *Ascarides* inhabits infantile intestines, and tortures infant nerves in all lands, and among all nations.

In the development and migration of parasites, we notice that they have different forms of existence in different habitations.

They become sexually mature only in the open cavities of the body as the alimentary canal; but in their immature condition they exist as larvæ in the substance of the tissues; and these larvæ have not the power of further developing into maturity until carried into the stomach of some other animal. It is also true that if the ova of some mature parasite are carried into the stomach of different species of animals, these same ova will in the different animals develop different species of larvæ.

If a section of the serrated tape worm of the dog is introduced into the stomach of the rabbit, it will produce in the muscles of the rabbit the encysted parasitic larvæ, *cysticercus pisiformis*. And conversely, if the flesh of the rabbit con-

taining these encysted parasites be fed to a dog, these encysted larvæ will be transformed, or rather developed into the mature tape worm.

It is also true that if a section of the aforesaid tape worm, containing ova, is carried into the stomach of the ox, it will produce in his muscles a different species of larvæ, the *cysticercus tenuicollis.* In the stomach of the hog the same ova produces the *cysticercus celulosæ*, while in the sheep is produced the *coenurus cerebralis*, and any or all of these different species of larvæ or encysted parasites, the *pisiformis*, *tenuicollis*, *celulosæ* or *coenurus*, will, in the stomach of the dog, be developed into one and the same parasite, the mature *tænia serrata.*

But from this general reference to parasites and parasitic development, we pass to the discussion of one particular species, and that, although in size one of the least of its race, it is in its effects the most terrible and deadly foe to man—the *trichina spiralis.* The venomous rattlesnake sounds the battle cry as he attacks his victim, but this accursed foe gives no note of warning, until by stealth he has gained the citadel of life, and we are powerless for defense.

This parasite is introduced into the human system by eating flesh containing its immature larvæ. It is found occasionally in most warm-blooded animals, but chiefly in the hog; and from this source man is universally infected. The hog, no doubt, derives the parasite from eating rats and mice, with which sties are commonly infested.

The immature parasite, as discovered by the aid of the microscope, is a serpent-shaped worm about one-twenty-fifth of an inch in length, and lies spirally coiled up within oval-shaped cysts.

When flesh containing these immature, encysted larvæ, is taken into the stomach, the parasites are liberated from their cysts by the process of digestion, and in two days' time have reached their adult or sexually mature condition.

In two or three days more the female brings forth an innumerable brood of hair-like larvæ, which immediately commence their work of destruction by penetrating the intestinal

walls and seeking their destination in the muscles, which they probably reach through the circulation of the blood. Here their presence is most painfully realized. Lacerating the fibres and penetrating the muscles, they gorge themselves with flesh, so that in two weeks' time, or about three weeks from the time they were taken into the stomach, they have attained their first form of development, and now become encysted larvæ. Here they must remain forever dormant, unless at some time taken into some unfortunate stomach, there to be liberated and permitted to repeat the work of destruction and death.

The malady produced by this parasite, and known as *trichiniasis*, has heretotore been very difficult of diagnosis, from a general lack of knowledge on the subject. But the development of the disease as indicated by the different stages and locations of the parasite, should enable the careful observer to form an unerring diagnosis.

The disease has four distinct and well marked stages.

In from three to six days after the infested food is eaten, the victim is attacked with pain and tenderness of the stomach and bowels, attended with vomiting and obstinate diarrhœa. This is the first stage or period of intestinal irritation and perforation. In about three days more are added the symptoms of fever, extreme lassitude and loss of appetite. The parasite has now attacked the absorbent glands, and we have the second or typhoid stage of the disease. Almost immediately follow symptoms of pain, inflammation and swelling of the muscles, which the parasite has now attacked, and we have the third, or rheumatic stage. We next notice cough and severe dyspnœa, with hectic fever and delirium.

The parasite has weakened the muscles of respiration and invaded the lung tissue, and we have the fourth stage, that of typhoid pneumonia. If these different stages have in their order been severe, there is but one more stage, and that is speedily and surely reached—it is death! In a sanitary point of view there is but little to be done for this disease except as a matter of prevention, for the parasite has usually passed beyond our reach before we are aware of his presence.

However, on general principles, we would suggest the prompt use of active cathartics, to remove any parasites that might remain in the intestinal canal. *Sulphur*, as the great destroyer of parasitic life, should be freely used, both externally and internally. Otherwise the various symptoms may be treated homœopathically as they appear. As a precautionary measure, hogs and their sties should be properly cared for, and any diseased or sickly hogs, or those which have at any time shown symptoms of disease, must be condemned, or their flesh carefully examined with the microscope. You can not expect Americans to avoid eating pork in obedience to any law, human or divine. But if men will eat it, we must warn them to beware of raw or partially cooked pork, for to this practice, especially among German people, this terrible scourge may be attributed, and there is no assurance of safety except in thorough cookery.

General Clinics.

Ann Arbor Clinics. Surgical Department. Service of Prof. Franklin.

CASE V.—POTT'S DISEASE.—October 9, 1878, H. L., of Ann Arbor, aet. eleven, was presented for treatment with the following history: About three years ago, while at play, she received a blow on the back with a stick of wood, which completely stunned her; after recovery from the shock, pain was felt in the region of the injury. She rapidly grew worse, and in a few weeks was unable to walk erect; was easily tired by exercise, and whenever resting in the upright position, relief

was obtained by placing her hands on her knees, thus taking off the weight of the head and shoulders from the diseased vertebræ. Was placed under the care of a physician who benefited her somewhat constitutionally, but her disease continued to advance. She now sought the advice of a prominent surgeon of the state, and for a whole year was under his treatment without avail. From here she went to the hospital, at Detroit, and another year all efforts to restoration were fruitless. When she came before my clinic she appeared the very embodiment of suffering and deformity, crooked, shapeless, emaciated and broken down by long continued disease and suffering; she crawled in on all fours, and could not at all stand erect, but creeped in sideways, a pitiable mass of human wretchedness. Cough, hectic, night sweats, and emaciation told a fearful history of the end that seemed not far distant. The hump is in the dorsal region, involving the fifth, sixth, seventh and eighth vertebræ.

Diagnosis—Pott's disease, with rotary-lateral curvature, Upon a thorough investigation of the case, both with reference to the constitutional and local manifestation, the cough, flabbiness and increasing emaciation, I concluded to give her *Calc. phos. 2c*, twice a week. Put her up in the "plastic jacket," making very little pressure upwards, the first application, and ordered her to report in two weeks,

October 23. Jacket doing good work; no symptoms of discomfort from its use, but rather a diminution of pain, which had existed before; medicine continued, and the spinal gymnasium ordered for exercising the contractured muscles

November 27. Medicine discontinued; jacket and exercise continued; patient improving, and all her symptoms greatly relieved.

December 14. Old "plastic jacket" removed and a new one applied, to increase the pressure upwards, take off the weight from the diseased vertebræ, and sustain the full weight of head and shoulders; measurement shows a gain in height of two inches. Treatment *Sil. 6x* every alternate five days.

January 8, 1879. Reported improvement; some slight headache existing every morning, with nausea; medicine discontinued.

January 18. Headache increased every morning, with a disagreeable nausea and chilliness; abdomen hot and distended. Treatment *Sac. lac.*, every morning and evening; exercise interdicted.

February 5. Improvement generally, but feels a little soreness over the hump, from pressure; jacket removed, and part bathed with calendulated *Glycerine*, and ordered patient to remain in bed, and *Calc. phos.* to be given a dose daily.

February 5. Reapplied "plaster jacket;" measurement gives four inches increase in height, and general condition much improved.

March 15. Reports continued improvement; treatment continued.

April 19. Improvement continues; complains of some gastric disturbance, with aversion to food; tongue coated; taste sour; distension and tenderness about stomach; gave *Nux.* 3, three times a day.

April 26. Jacket removed, and reapplied; measurement gives six inches increase in height; patient walking nearly erect; rotary lateral motion very much relieved; is now able to walk around and go on errands for her parents; general health greatly improved, with every prospect of a good recovery; continued treatment.

June 10. Jacket removed, and reapplied, with nine inches increase in height since treatment began; treatment continued.

August 25. Jacket removed, and reapplied; improvement continues; continued treatment.

October 8. Jacket removed, and my "artificial spine" applied; patient is attending school, and has entirely regained her health; cheeks ruddy, and mother says she is in better health than ever; can play, jump and romp with her companions.

December 17. This case is remarkable from several points of view, and on all sides, the most complete satisfaction is felt at the grand results achieved. This is one of the worst cases of the kind that I have ever treated, and certainly the end

attained demonstrates the superior efficiency of this treatment, combined with homœopathic therapeutics.

CASE VI.—TUMOR OF NECK.—T. J. C., of Ann Arbor, aet. forty-five years, applied to the clinic for treatment November 2, with a large tumor on the base of the neck, of thirty-five years' standing; has been under the charge of a homœopathic physician, and has had various remedies used to induce its removal, but without benefit; considerable pain over the neck and shoulder of corresponding side, with heaviness and uneasiness during movement of the head; tumor has now a semi-solid feeling, but was for a long time soft and resilient to pressure.

Diagnosis--Cystoma. The disease undoubtedly began from an obstruction of the ducts of one or more of the cervical glands, possibly in the connective tissue of the part, as cysts form in other parts of the body. The hardness of the tumor consists in the aggregation of cells, which has developed into imperfect fibrous tissue, giving that firmness and solidity to the growth which is felt by manipulation. The tumor seems to have undergone a degeneration in the last few weeks.

Treatment—Removal. The wound to be filled with lint saturated with a solution of *Hypericum* and dressed twice a day, healing it up from the bottom of the excavation; *Hepar.* 30 ordered twice a day; the patient to report in one week.

Nov. 20. Patient doing finely, and wound healing in from the floor of the chasm; treatment continued, and the 3d potency of *Nux.* substituted for the *Hepar.*, in consideration of gastric troubles.

Dec. 13. Patient returned, and reports continued good health; wound healed, and dressings removed.

CASE VII.—CYSTIC DISEASE OF THE TESTICLE.—R. P. G., of Dexter, Mich., aet. fifty-five years, came to the clinic the 3d of April, 1879, with the following history: The testicle has been gradually increasing in size for the last seven or eight years, is worse when walking or lifting. The enlargement began at the upper part of the organ, and enlarged downwards; is painful at times, but there is always a sensation of fulness or dragging down. Examination shows that the tes-

tis has acquired a considerable size; it is hard, oval in shape, has a somewhat elastic feeling; pain and tenderness are not increased by gentle pressure; the swelling is lobulated, or rather slightly irregular, in feeling; patient's health is good, and no indications of malignancy are visible in any direction. It is exceedingly difficult to diagnose these affections of the testis, and some of our most eminent surgeons have been misled in judgment touching the differential characteristics. The great Sir Astley Cooper confesses to have plunged a lancet several times into scrotal tumors, supposing them to be hydroceles, when blood only followed the incisions, and other mistakes of a like character have been made by the best surgeons of modern times.

Diagnosis—Cystic disease of the testicle. In investigating this disease, pathologists have differed widely in opinion. Sir Astley Cooper described it as a distinct disease of the secreting tubuli of the testis; Mr. Curling, a more recent authority, contends that it is an affection of the ducts of the testicle, and not of the tubuli. According to later histologists, it appears that cystic disease is sometimes found independent of the retetestis, although in many cases this structure appears to be the seat of the disease. Dr. Holmes has examined, with great care, many examples of this affection, and draws the following conclusion: "That the disease is made up of cysts, which are multilocular, and of various sizes, from that of a mustard seed to a moderate sized nut." "These cysts," he continues, "are filled with a thin, serous, blood stained or glairy fluid, and, at times, with intra-cystic growths, more or less pedunculated, made up of a delicate cellular structure, or of a distinct cell tissue." Spermatozoa are always absent in these cystic growths. The affection is rarely seen before the twentieth year. The differentiation between this and hydrocele is, that in cystic disease there is a lack of transparency; by the irregular feel produced by the separate cysts upon its surface, and by the absence of the peculiar pear-shape that defines true hydroceles. In cystic disease the veins of the cord are much enlarged, if the growth is at all considerable. We distinguish it from encephaloid and other malignant

growths by the absence of all signs of malignancy. There is a considerable similarity between this disease and certain tumors of the mammary glands, which are formed of separate cysts, varying in size and form, and containing a thin, pale fluid. These are the cystic sarcomas, and are a special affection of the tubes and ducts of the mammary gland, and not of the secreting structure of the organ. An explanatory puncture, if any doubt exists, will solve the matter.

Operation—The patient was transferred to the hospital, and on the 12th of April the testicle was removed, and the diagnosis verified. The operation consisted, first, in having the scrotum and groin shaved; second, in making an incision from the external ring to the bottom of the scrotum; third, in exposing the cord, and separating it from the surrounding structures; fourth, in ligating the cord with a strong ligature, dividing it and dissecting out the testicle; fifth, introduce an acupressure pin at right angles with, and under the cord, and put on a figure of eight suture, to prevent its retraction; sixth, adapt the flaps, and close with interrupted sutures, putting in a drainage tube at the depending portion of the wound, and cover all over with a solution of *Hypericum* and *Carbolic acid.* On the 27th of April the wound was entirely healed, and the patient left for his home.

CASE VIII.—FISTULA IN ANO.—P. M. J., came to clinic April 9, 1879, from Jackson, Mich., with the following history: About three years ago he was attacked with a "severe fit of the piles," as he expressed it, which was followed by an abscess in the perineum; this was poulticed and subsequently lanced; the result was a sinus or channel with an opening near the margin of the anus; health of the patient good.

Examination—A probe was introduced into and along the fistula, which extended upwards by the side of the rectum, nearly two and one-half inches, but not penetrating the bowel. It should be remembered that every sinus at or near the margin of the anus is not a fistula in ano. I remember a case where there was a sinus leading up from the perineum to the rectum, which was produced by stricture of the gut, which was cured by dilatation of the stricture. In those

cases of cancerous strictures also, incision of the fistula is productive of bad results, and our diagnosis in these cases should be made very clear before any operative proceedure is attempted.

Diagnosis—Fistula in ano. The patient was transferred to hospital, and on the following day an operation was performed by introducing a director through the fistula and up to the rectum; the fore finger, well oiled, was then passed up the bowel to engage the point of the director which was passed through the wall of the gut, making the fistula complete; a probe pointed bistoury is now passed into the orifice of the fistula and made to follow the groove of the director till it enters the rectum, then holding the finger close to the bulb of the bistoury, both are brought down together, completely dividing the parts lying between the finger and director; the wound is then filled in with lint dipped into a carbolized *Hypericum* solution and pressed toward the floor of the wound, compelling granulation to begin at the bottom of the incision; this to be repeated daily and the parts to be well cleansed and bathed with castile soap and water. Other methods for the cure of fistula are the elastic ligature, the electric cautery, and the ecraseur. Of these I prefer, under most circumstances, the elastic ligature of Dittel.

April 18th the patient was discharged cured. No medicine was given to constipate the bowels, the dorsal decubitus and proper regimen being sufficient. On the fifth day an enema was administered and the bowels were unlocked.

DR. C. W. EARLE has been examining the validity of the claim made in Chicago for *Cinchona* as a specific for the cure of inebriety. The result of Dr. Earle's investigation, says the *New York Medical Record*, is that the *Cinchona* treatment made more drunkards in the past year than any one liquor saloon.

Miscellaneous.

Biology. By J. C. Anderson, M. D. Read before the Anti-Literal Society of Mansfield, O.

All natural objects are divided into two primary groups; dead and living matter. The studies which occupy themselves with dead bodies concern the physicist, the chemist, the geologist, and the mineralogist.

The study of living beings, irrespective of their exact nature or position, is the province of biology. All living beings are again divided into two kingdoms; animals and plant. The study of the former constitutes the science of zoology, whilst botany is exclusively concerned with the latter.

In the absence of any definition for life, other than an invisible force, we must content ourselves by giving the boundaries that separate all living bodies from those that are dead.

First.—Every living body possesses the power of taking into its interior certain materials foreign to its own substance, and of converting these into the materials of which its own body is built up. This constitutes the process of assimilation, and it is by virtue of this that all living bodies grow, in contradistinction to mere addition from the outside.

On the other hand, dead bodies increase in size, as crystals do, simply by the addition of fresh particles from the exterior, or, as it is technically called, by the "accretion" of matter. This process can not properly be considered as one of "growth," as being wholly destitute of the essential elements of a previous assimilation.

Second.—A living being constantly gives off a part of its substances corresponding to the degree of vitality which it possesses. In other words, partial death is a constant accompaniment of life.

Thirdly.—Living bodies have the power of reproducing, or of giving rise to minute germs, which, under proper conditions, will be developed into the likeness of the parent.

Fourthly.—Dead bodies are subject to the physical and chemical forces of the universe, and have no power of suspending these forces or modifying their action, even for a limited period. On the other hand, living bodies possess, in a measure, the power to override, suspend or modify the actions of the physical and chemical forces by which dead bodies are exclusively governed. Dead bodies are completely passive, unable to originate motion and equally unable to resist it when once originated. Living matter, so long as it is living, is the seat of *energy*, and can overcome the primary law of the inertia of matter. However humble it may be, and even if permanently rooted to one place, every living body possesses, in some part or other, or at some period of its existence, the power of independent and spontaneous movement—a power that is possessed by nothing that is dead.

Chemical Composition—Dead bodies are composed of numerous elements which exist either in an uncombined condition or in a state of union, these elements uniting with one another in low combining proportions. Living bodies, on the other hand, are composed of but few chemical elements, and these in high combining proportions.

Form.—Dead bodies are either of no definite shape when they are said to be "amorphous"—or are crystalline, in which case they are almost invariably bounded by straight lines and plane surfaces. Living bodies are almost always of a definite shape, presenting convex and concave surfaces, and bounded by curved lines.

These with a few exceptions are the leading characteristics by which living bodies are fundamentally separated from dead matter.

We now come to a consideration of that substance, which is presumed to be the physical basis of life.

The word Protoplasm, from the Greek word "first-form," is applied to the supposed original substance from which all living beings are developed. All that is comprehended for brevity under the term life, whether the growth of plants, the flight of birds, or a train of human thought, is presumed

to be caused by corporal organs, which either themselves consists of protoplasm or are developed out of it.

About forty years ago, Dujardin, a French naturalist, drew attention to the fact that bodies of the lowest members of the animal kingdon, consisted of a semi-fluid, contractile substance, to which he gave the name of "Sarcode." A similar substance occurring in the cells of plants was afterward studied by Hugo Van Mohl, and named by him protoplasm. Still later it was demonstrated that the sarcode of animals and the protoplasm of plants were identical.

Protoplasm in its simplest condition is a semi-fluid, tenacious, glairy, liquid, with a consistency similar to that of the white of an egg. Its chemical elements consists of about fifty to fifty-five per cent. of carbon, six to eight of hydrogen, fifteen to seventeen of nitrogen and twenty to twenty-two of oxygen. There are certain other substances, such as the animal salts, which, though only present in small quantities, nevertheless appear to be absolutely essential to the maintenance of life. Protoplasm possesses the quality of absorbing water in various quantites, which renders it sometimes extremely soft and nearly liquid, and other times hard and firm like leather, but is usually of a medium degree of density. It can be made to contract under the influence of electricity, and coagulates at a temperature of 40 to 50 degrees Centigrade. Observed under the microscope, although a structureless, homogeneous liquid, without anything that we can call organization, we perceive a series of spontaneous movements set up in it, which manifest the esential phenomena of life. These movements are of the most varied character—waves and counter waves, streams and counter-streams, which flow as well in opposition to gravity as toward it. Its molecules then seem to exert a repelling action, when the mass is stretched into a broad stratum; then they come together as if to hug a common center. This spontaniety of movement is but the response of its innate irritability, which constitutes living matter.

Dredgings made in the North Atlantic Ocean, at depths of 5,000 to 25,000 feet, reveled large quantitites of a slime-

like substance, which, upon examination, exhibited evidences of spontaneous movements, and life. To this substance Huxley gave the name of *Bathybius.* The presence of this substance was for a time disputed, because subsequent dredgings made by other parties failed to find anything that could be made to appear like the bathybius of former explorers. However, still later researches in the Greenland seas and elsewhere confirmed the former conclusions of Prof. Huxley beyond confutation. Hæckel has since found in the fresh water of Jena small lumps of protoplasm to which he gave the name of *Protamoeba primitiva*, and there is no doubt, but in our own neighborhood, our ponds and creeks are pregnant with large quantities of this same primitive protoplasm.

Another stage, high in the scale of protoplasmic beings we discern a small lump of protoplasm, where the substance appears more closely huddled together. Toward the center, a small globular mass of firmer consistency has become differentiated from the remainder and formed what is known as the nucleus, which seems to dilate and contract at regular intervals. This little rhythmically pulsating cavity is called the "contractile vacuole." This being is called the *Amoeba*, and is the first approach to a cell in the scale of living beings.

The question that has claimed more attention from Biologists than any other, is the origin of the vital phenomenon. Many definitions have been attempted by different authors, all of which are objectionable, or meaningless, or because the assumption underlies them that life is inseparably connected with organization. I think we may safely say that vitality is not the result of the combination of the chemical elements that make up its substance, as held by some writers, but an independent force in the domain of nature, manifesting itself through the medium of protoplasm.

I have now tried to give you a rudimentary idea of the qualities of the world wide famed protoplasm. or "physical basis of life," for a knowledge of which we are indebted to the intellects of our own time. Although with a history so recent, it is attracting the attention of the learned and scientific minds throughout the world, and has resulted in many

volumes of treatises as to its nature and province throughout the universe. From the lowest animalcule in the dust, to the most highly organized human subject, protoplasm is there to make up the grand total of their existence. In fact protoplasm bears about the same relation to the scientific world that Ohio does to the political world.

So notorious has protoplasm become that I am creditably informed that patent medicine men are seriously contemplating giving the poor liver and blood a rest, and getting more directly at the matter by turning the entire force of their ammunition upon protoplasm. That you may not be taken too completely by surprise I will post you in advance as to what you may look for in the way of head lines to a flaming prospectus: "Protoplasm the Physical Basis of Life!" "Simmons' Protoplasmic Vitalizer!"

This may seem as though we were dealing in pleasantry, but the subject has a more serious aspect.

We can not resign all the benefits that will grow out of this array of scientific investigation to avarice alone. There is reserved for it a nobler purpose in the future. We are dealing with beginnings that go to make up the teeming multitude of animal and vegetable life upon the face of the earth, and while we may deal principally with literal part of the subject I would not have you unmindful of the Anti-literal, or moral part, that is like to flowers strewn along your pathway to stimulate your zeal and encourage you to deeds of love and duty. This I believe to be the object of this society, seeking to grasp what intellectual nourishment may come within your reach and assimilate it into words, deeds and actions that will not only be an honor to yourselves but an element of good to those about you.

There are those whose protoplasm seems to be unpervious to every influence except that which satisfies the stomach or indicates the best approach to the almighty dollar. They are willing and ready to gormandize the baser elements, but, contrary to the laws of growth, are unwilling that anything should be given in return; consequently their susceptibilities become stunted and their usefulness in society impaired

They are in a state of "statics," as the scientist would put it, callous to the tingling vibrations of love in its broadest sense, without the sympathetic impulses that open the windows to the soul, that heaven's light may penetrate and sweeten their smiles. Nothing but "Simmons' Protoplasmic Vitalizer" will reach such a case. It was this spirit that expelled this little band of seekers after knowledge from a little basement chamber in one of our city churches. But the zeal that led you to accept standing room in a private office until the generosity of our esteemed friend, Dr. Bronson invited you here (Episcopal vestry), is worthy of the highest commendation, and an evidence that you are in earnest and that your society possesses the elements of success. But let me say that your effort here is but a miniature of the work that is going on throughout the world at the present day, indicating the budding of a new intellectual era, that will ere long develop into a garland of full blown roses, that will shed around us the ruddy elements of health, give off the sweet perfumes of virtue and love, sparkle with the morning dews of intellectual greatness, atomize the air with Christian forbearance, and transform man into a happier and better being.

Freedom of Medical Opinion.

EDITOR ADVANCE:—In the July number of the ADVANCE you are pleased to publish the articles of confederation of the Dynamite Club *alias* International Homœopathic Association. The evidences of "internationality" are the small fact that Dr. Berridge of London formed the exotic branch of this parasitic growth upon the healthy trunk of American Homœopathy. And in this there is a peculiar fitness since Dr. Berridge and his party in England are almost as hopelessly in the

minority there, as the Dynamite branch of American Homœopathy is in the United States.

The articles of confederation ostentatiously paraded in the daily papers of Milwaukee contain some libels against five thousand nine hundred of the six thousand Homœopaths of America. These are contained in the third and fourth clauses of the preamble, and in the first to the sixth resolution inclusive.

Firstly; speaking for those who believe in the pharmacy of Hahnneman, and not in that of the Hostler of Gotha, I deny that there are any professed homœopaths, who violate the tenets ef Homœopathy.

Secondly; I deny that there has been any effort among American Homœopaths to "unite the Homœopathic with the allopathic schoool."

Thirdly; I deny that there have been among American homœopaths "innovations upon the methods of Hahnemann."

Fourthly; I deny that the alternation of medicines can become non-homœopathic by any resolutions of the International."

Fifthly; I deny that medicated topical application are non-homœopathic. Look at Hahnemann foot note to page 205 of the Organon, where he earnestly recommends that an aqueous solution of the remedy which is being used internally should be rubbed into the skin. This is the same Organon that by virtue of the first "whereas" is the only reliable guide in therapeutics!

Sixthly; I deny that there are American homœopaths, who "suppress symptoms by the toxic action of a drug." I dare the International to the proof.

Seventhly; I deny that there are or ever were American homœopaths, "who would engraft on Homœopathy the crude ideas and doses of Allopathy or eclecticism." I dare the confederation to the proof.

Eighthly; I deny that there are American homœopaths, who traduce Hahnemann as "fanatical" or "dishonest." Let the Confederation name the man. The mistake probably

originates in the fact that each member of the confederation has confounded his own personal identity with that of Hahnemann.

A gross insult was perpetrated upon the American Institute by the "International" in having its chapter of criminal charges against Low Dilutioniists given to the public in the Milwaukee Sentinel of June 17th. The libellers were screened from exposure, and arraignment by the partisan action of the presiding officer, who has unequivocally identified himself with the Dynamite Confederation and has constituted himself its most profuse expounder and defender in publishing the flippant and egotistical arraignment of American Homoepaths by Dr. Berridge; and the articles of confederation of the "international."

I warn the members of the International that the Homœopaths of America have endured the scorn, and contumely of the Exclusive High Potency Dynamizationists long enough. If this small fraction and faction of our school shall continue in the future to press an offensive warfare it will find that Rational Homœopathy has risen up armed for the fray. We do adhere to the doctrine of freedom of medical opinion. But it is not that freedom, which allows liberty of speech only to the Dynamite, and the freedom of obedient silence to the Rational Homœopath.—H. W. TAYLOR.

NOTE.—The foregoing is not printed by us on account of its containing any certain amount of truth. The charges made against us individually are groundless and that is all the reply we care to make. The writer assumes to be a champion and he is entitled to a hearing for his side, but he is beating the air and without effect. Upon other occasions he has boldly taken the other side, and we leave him to be answered by his own testimony.

Twelve Questions Answered. Respectfully dedicated to J. P. D.

MR. EDITOR:—Will you allow me to ask the following questions?

First. Was Dr. Berridge invited to address the American Institute of Homœopathy or not? Dr. Dake evidently would have us believe he was not.

Second. Does the President of the Institute have the privilege of privately suggesting motions, or matters of business, to the members? Dr. Dake would have us believe such an act unparliamentary. He ought to know, for he is an old stager in the business.

Third. Is it a rule to never interfere with a bureau when it is reporting? Dr. Dake seems to think it is.

Fourth. Is it proper for the chairman of a bureau so interfered with, to get out of temper about it, and show his ill-humor months after, in print? Dr. Dake shows us that it is.

Fifth. Was Dr. Berridge's paper any more "hastily referred" to the publishing committee than any other paper? Dr. Dake seems to think it was.

Sixth. Did the profound agitation of two Boston gentlemen greatly affect the Institute? Dr. Dake thinks it did.

Seventh. Was Dr. Ludlam's inquiry pertinent when he asked if Dr. Berridge was a delegate—or a gentleman? Dr. Dake thinks it was.

Eighth. When it was found that Dr. Berridge was only a private gentleman, and never pretended to anything more, did that prove him to be deficient in knowledge? Dr. Dake thinks it did.

Ninth. What "castigation" did Dr. Berridge receive at the hands of the Institute that did not fall on the shoulders of those who attacked him? Perhaps Dr. Dake can tell.

Tenth. When Dake's paper, and Berridge's paper, and the naughty talk of certain parties were all swept away by one fell motion, who had the best right to cry out, "How we apples swim?" Dr. Dake, of course.

Eleventh. Who consumed four and a half pages of the Hahnemannian Monthly, and then told us what he was driving at, in two lines, at the end? Dr. J. P. Dake.

Twelfth. Who could improve his style by sweetening his temper and sticking a "leetle clusser" to the truth? Dr. Dake, of Nashville, Tenn.—MEDICUS.

Letter from J. C. Guernsey, M. D.

PHILADELPHIA, September 14, 1880.

MR. EDITOR:—The annual meeting of our Homœopathic Medical Society of Pennsylvania was held last week at Easton. This was so well attended and proved such a success that I can not forbear giving you a review of the same. The papers were numerous and showed much care in their preparation. Everybody went away well pleased and determined to "come again next year." The opening address of our president, Dr. J. K. Lee, of West Philadelphia, was so exceptionally apropos, that I will give you a brief resume.

President Lee urged upon the society the importance of fuller attendance upon, and a more lively interest in, the annual meetings of our State Society. He also suggested the necessity of our colleges "inflexibly insisting upon the presentation of satisfactory evidence that a student has enjoyed the advantages of a thorough preparatory education," before allowing him to matriculate; and that they (our colleges) should "also carefully instil, into the receptive mind, a clear comprehension of the essential principles of our science, and the correct methods of their application." For he recognized "the danger that menaces our existence is the lax interpretation of these principles and the license exercised in their ap-

plication; and that, under the attractive guise of a rational Homœopathy, one innovation after another has been sanctioned, until the integrity of our system is endangered and its perpetuity threatened." He further said, that "this construction of Homœopathy, so far from being rational and philosophical, is but another expression of that materialism of the age which refuses to recognize the existence of a force superior to matter."

The whole of his able address will duly appear in our volume of transactions.

On the afternoon of the second day, the society was tentered a complimentary banquet by Henry Detwiler, M. D., of Easton, our vice-president. This was a most enjoyable affair and was heartily participated in (as all good dinners are) by the members, their wives, "their sisters, and their cousins, and"—other fellows' sisters and cousins. Before being seated, Dr. J. K. Lee accepted the banquet in behalf of the society. After dinner the following sentiments were offered:

"To the memory of Samuel Hahnemann and Constantine Hering." In silence, all standing.

"To him who is our host and the pioneer of Homœopathy in Pennsylvania, Henry Detwiler, M. D." Dr. Detwiler responded in fitting terms, and described his interview with Dr. Hahnemann in reference to the Allentown Academy.

"Our State Society." Responded to in a hearty manner by Jos. E. Jones, M. D., West Chester.

"The Ladies: God bless 'em." Responded to in a happy vein by J. H. McClelland, M. D., Pittsburg.

"The Easton Press," Responded to by Mr. Thomas Emmons.

This ended the regular toasts, and then individual members were called upon promiscuously for some time longer. At length the dread hour of "train time" compelled us, most reluctantly, to break up. Many were the hearty hand shakes the cordial "be sure to come next year," and the warm "can't you stop and see me as you pass through my city (or my town) on your way home?" etc., as we passed from our com-

fortable banquet hall into the cold, dreary night outside. where the rain was pouring steadily down.

To Dr. Henry Detwiler's thoughtful kindness in preparing everything for our advent, and for his warm hearted hospitality while at Easton, much of the success of our meeting is due. Though eighty-six years of age, his step is still firm and elastic, his cheeks ruddy with health, his voice firm, and his eyes as bright and piercing as ever. He is yet in active practice, and is a staunch homœopath. May he be spared to meet with us once again ere his life's work is done.

Our officers for next year are: President, J. H. McClelland, M. D., Pittsburg; First Vice-President. B. F. Betts, M. D., Philadelphia; Second Vice-President. J. J. Detwiler, M. D., Easton; Treasurer, J. F. Cooper, M. D., Alleghany City; Recording Secretary, Z. T. Miller, M. D., Pittsburg; Corresponding Secretary, R. E. Caruthers, Alleghany City.

Our next meeting will be held in West Chester, the second week in September, 1881.

Communication.

BARRY, ILL., Sept. 22d, 1880.

EDITOR MEDICAL ADVANCE:—Dear Sir: Your editorial on "A New Faculty," in the September number, meets my hearty approval. But while you gently poke the ribs of the big pill fraternity, it would be well and fair to administer a few thrusts in the costal region of the little pill dignitaries. I send you a circular of a miserable, cheap, whisky "Bitter" humanity curse, bearing the recommondation of some of our homœopathic physicians of highest standing, and authors of standard homœopathic works, (Ludlam and Franklin.) When I found those names there I was astonished and

grieved. Some of those men, in years gone by, have been my honored teachers. I sat at their feet and learned of the truth and success of the system of Hahnemann. One of them (Hoyne) I never knew to prescribe below the 30th, and usually the 200th. Now what can I do, going into a strange city or community where Homœopathy is but little known, and try to convince the people that medicated sugar and water will cure them, that *Charcoal* and *Sulphur* 200th will give positive results, when they can step into a drug store, get a patent medicine advertisement, and prove that my teachers in Homœopathy recommend and endorse vile "bitters" by the quart? It is possible that those names appear without consent or knowledge. If so, in the name of decency, if we care anything for pure Homœopathy, let them be instantly removed and the fraud exposed. But if they are there by authority, if the great teachers of minute doses of the purest single remedies—but I forbear. Can, and will the Editor give us light?—M. W. BRUBAKER, M. D.

CERTIFICATE FROM HOMŒOPATHIC PHYSICIANS.—ST. LOUIS, July 6th, 1870.—Home Bitters Company: Having examined the formula from which your celebrated "Stomach Bitters" are prepared, and having witnessed the method of combining the different ingredients, we can safely recommend them as the best tonic with which we are acquainted. From the great care with which they are compounded, and from the choice material which enter into them, we have no doubt that they will prove, as they deserve to be, the most popular tonic stimulant in use. Respectfully yours, T. J. Vastine, M. D., T. G. Comstock, M. D., Professor Midwifery and Diseases of Women, College of Homœopathic Physicians and Surgeons.

I cheerfully concur with every word contained in the above testimonial. John Conzelman, M. D., Lecturer on Diseases of Children, Homœopathic Medical College of Missouri; John Hartmann, M. D., Professor Clinical Medicine, College of Homœopathic Physicians and Surgeons; Chas. Vastine, M. D., 703 Pine street, Professor Physiology, Homœopathic Medical College of Missouri; John T. Temple, M. D., Professor Materia Medica and Therapeutics, Homœopathic Medical College of Missouri; G. S. Walker, M. D.; E. C. Franklin, M. D., 1402 Olive street.

CHICAGO CERTIFICATES.—CHICAGO, Sept. 30th, 1870.—Home Bitters Company: From a careful examination of the "Home Bitters," and the formula from which they are manufactured, we have no hesitancy in saying they are a most excellent tonic, and we are satisfied they are equal, if

not superior, to any Bitters yet offered to the public. Yours respectfully, R. Ludlam, M. D., 207 Wabash avenue, Professor Obstetrics and Diseases of Women and Children, and Dean of Faculty Hahnemann Medical College; Temple S. Hoyne, A. M., M. D., 711 Wabash avenue, Professor Materia Medica and Therapeutics, Hahnemann Medical College; S. H. Hahn, M. D., 77 Dearborn street; B. McVicar, M. D.; J. B. Walker, M. D.

[After this follow other certificates from Cincinnati, etc. We are glad to say that there are none of the homœopathic physicians of Cincinnati presented in these, to our knowledge, and that the old school present none of their leading men.—Ed.]

The Analgesic Effects of Rapid and Forcible Respiration.—Dr. Benjamin Lee, in a paper on this subject, read before the Philadelphia County Medical Society, begins by disclaiming all sympathy with modern pseudo-Hellenists, and explains that the word analgesia is not one of the ambitious fledglings, but a well known term used to describe that condition of the body in which there is insensibility to pain without loss of the sense of touch or feeling. The term anæsthesia comprehends the latter; hence the necessity for a distinctive word.

Some time during the early part of the spring of 1879, he says, I sent my child's nurse, who was suffering from a severe toothache, to Dr. Bonwill, the well known dentist. She went, much against her will, as she wished to have the tooth extracted by Dr. Thomas, under the influence of protoxide of nitrogen, and had a great dread of pain. I insisted on the other course, thinking that Dr. Bonwill might consider the tooth worth saving. That was not his view, however, and the young woman came home greatly delighted, saying that "Dr. Bonwill had pulled her tooth, and had not hurt her a bit." On questioning her as to what means he had adopted to prevent her feeling pain, she said that "he had made her breathe as fast as ever she could, and before she knew it the tooth was out," and, although she was conscious of the jerk, she suffered not a particle of pain. I was, of course, already familiar with Dr. Bonwill's claim to the discovery of a new means of rendering the body insensible to pain for a brief space of time, and with Dr. Addinell Hewson's experiments in this connection, but this was the first case in which it had been successfully

accomplished occurring in my own immediate experience. The result had been so entirely satisfactory that it strengthened the determination I had already formed to try the method in some case of minor surgery requiring but a short time for the operation. An opportunity was not long in offering. My friend Dr. Atkinson, on leaving the city to attend the meeting of the American Medical Association at Atlanta, left a number of his patients under my care. Among them was a young man of about five-and-twenty, of delicate build and appearance and nervous temperament, in whom a painful swelling in the perineum had within a few days developed itself.

I first saw him on the morning of April 30. I found him with a quick, frequent, irritable pulse; skin somewhat dry, but not hot; and a countenance of considerable anxiety. The inner side of the right thigh at its junction with the perineum was the seat of a tense, fluctuating tumor, of the size of a large teacup, portions of which were very sensitive to the touch. I ordered a flaxseed poultice, prescribed a *Quinine* mixture, and promised to return the following morning and open it. I found him in a state of intense apprehensiveness, so much so that I feared his nervousness would prevent his giving the method a fair trial. However, he obeyed my instructions implicitly, and after he had continued the rapid inspirations for about three-quarters of a minute, I evacuated the abscess with a curved bistoury, making an incision of at least an inch in length. It gave exit to several ounces of thin whitish pus, in which I could detect no urinous odor. He continued the rapid breathing for at least half a miuute after the act of incision, and was much surprised when I told him to desist, as the dreaded "lancing" was over. He insisted that he had not felt a particle of pain, only a sensation of strong pressure upon the abscess. This sensation as of heavy pressure, or of a blow received, I have frequently met in evacauting abscesses where an anæsthetic has been given in insufficient quantity to produce unconsciousness, inducing that is to say, analgesia, but not perfect anæsthesia or narcosis. On the 3d of May (the second day after the operation) the urine became somewhat turbid, and, placing it under the microscope, I found it to contain a considerable quantity of pus. This left no doubt of the nature of the abscess, which further declared itself in a few days by the passage of urine through the wound on micturition. Under the use of stimulating injections and the employment of the catheter the sac rapidly diminished up to a certain point; it then ceased to heal, and showed a disposition to ulcerate at two or three sites along the track of the sinus, notwithstanding the use of the nitrate of silver probe and the insertion of gelatin pencils of sulphate of zinc. I accordingly decided, with the approbation of Dr. Atkinson, who had now returned, to lay open the fistula up to the point where the tissue appeared healthy. This I did on the 11th of May, using scissors and a grooved director, and dividing two bridles, each about an inch broad. Under the analgesia induced by rapid and deep breathing

this little operation was as painless as the previous one, although a much severer test, as it occupied at least thrice as much time.

The subsequent history of the case possesses no interest in this connection. In two other instances in which I tried this method my success was not so gratifying. One was that of a lady on which I lanced a felon. Her nerves were completely unstrung by the suffering through which she had passed, and I found great difficulty in making her breathe with sufficient force and rapidity. She certainly suffered pain at the moment of incision. Of course it was to be expected that severe pain should continue some time after the operation. Within a few weeks, one of my daughters, a girl of sixteen, of a tolerably quiet nervous temperament, has had a perfectly sound, deeply rooted bicuspid extracted by Dr. Bonwill while under the effect of the rapid breathing. She assures me most positively that she did not experience the slightest sense of pain. More recently one of my sons, a boy of nine, of remarkably steady nerves, has had two teeth drawn at one sitting, using the same method. He kept his eyes open, saw all that was going on, was conscious of the application of the forceps, but felt no pain. He describes a sensatien of slight giddiness as produced by the effort of respiration.

To pretend to generalize from so small a number of trials would, of course, be unreasonable, but I consider that they demonstrate that it is quite possible, by a continuance of rapid and forcible respirations for a certain length of time, to induce such a condition of the nervous system that pain shall not be appreciated by the sensorium, and also that the success of the experiment will be considerably modified by the temperament of the patient and the condition of the nervous system at the time it is undertaken. How this singular effect is produced, whether by the formation of carbonic acid in the blood and throughout the tissues in such quantity as to exert its well known analgesic effects on the ultimate nerve filaments, or upon the brain itself; or whether the phenomenon belongs to the domain of so called biology, a partial hypnotism from fixation of the attention; or whether the brain is thus suddenly either congested or rendered anæmic to such an extent as to benumb its perceptions, are questions which I do not pretend to be able to answer.

Dangers of Prematurely Placing Corpses on Ice.—Dr. E. Vanderpel, of this city is strongly opposed, and for very good reasons, to the practice of hastening to place a body on ice almost as soon as the patient appears to be dead. Some of his experiences in his own professional life have made so deep an impression on him, that he has more than once, publicly and privately, protested against the modern custom introduced by the undertakers, of putting bodies on ice before there were official proof of death. He considers it a scandal to the undertaking profession, an outrage to society, and an insult to the patient's family that for the

sake of collecting exorbitant fees, undertakers do not await the arrival of a doctor's certificate of death before they freeze the remains.

The case lately reported from Canada, of a smallpox patient who had apparently died and was about to be buried when he came to life again, suggests to Dr. Vanderpoel the following reflections: "If that Canadian had been taken ill in this city his life would never have returned at the cemetery, for it would have been frozen out of him long before he reached the grave. In reading about this case I thought of a certain Brooklyn patient of mine who died in 1872. She was forty-five years old, and the widow of a well known reverend doctor of divinity. She had an attack of dysentery, and had been lying ill for four or five days with a low fever, but her condition was not dangerous, although it was assuming a typhoid form. I called in to see her one day at one o'clock, and returned again at five o'clock on the same day, when, to my profound surprise and indignation, she was lying in an icebox down stairs partially frozen. The undertaker had committed this atrocity without any medical certificate of her death, and he had no official knowledge that she had died at all. I found that after I had left she arose from her bed and fainted while walking across the floor from sheer weakness, and because she lay there motionless the children thought she was dead; so, instead of sending for me to come and make an examination, they ran for the undertaker. He responded with like promptitude, bringing in his mortuary box full of pounded ice, and in a short time she was frozen stiff. Every part of her body, except her face was covered with the ice. I believed then, and I always shall believe, that she might have revived had proper means been employed for her resucitation."

The following is still more tragic: "In 1874 I attended a wealthy lady about fifty years old, and her house was but five doors from my own. She was perfectly well at six o'clock in the evening. She went to bed as usual. In the night she was taken ill, and I was called over to the house by another doctor, for consultation, at six o'clock in the morning. After doing what we could I left at seven to finish my toilet and to get some breakfast. The other doctor also retired soon afterward, as he found he could not be of any immediate service. I returned at half-past nine o'clock and found her, not in bed, but in the back parlor enclosed in an undertaker's ice chest. From what I knew of the character of her case, it was one in which returning consciousness would be almost certain to follow a period of apparent sinking away of life. If there ever was a case of restoration after suspended animation that should have been one. The undertaker's excuse was that mortification might set in when he ought to have known that it takes twelve hours for animal life to leave the body after death and before decomposition can set in.

"After death there are three stages in the processes of decomposition. On the first day the features and the flesh are sunken in and the pallid

shade of death is very ghastly. On the second day there is an improved look in every respect and the remains lose a part of the pallor of the first day. On the third day the flesh becomes full again, the skin clears up, and the natural hue of life returns to a degree that in some cases is almost startling. At the end of this period discoloration sets in and decomposition does its work with great rapidity if the weather be warm. But these changes can be postponed without difficulty by the proper use of a very little ice on the stomach, and some diluted carbolic acid sprayed into the nostrils. In 1848, when the modern iceboxes were unknown, I kept the body of my mother four days in the hottest summer weather of July. My son dropped dead in the street from kidney disease. He was in full health, and I kept the remains in fine condition for five days with a simple pan of ice. I was attending on a poor little girl in Thompson street. Her mother was so poor that I did not charge her anything. When the little sufferer passed away I told the mother that an undertaker would come and order the remains to be put on ice, but I would show her how to keep the body until time for burial. It would keep without trouble, for there was no flesh to decay. I left the mother to go to my office for a certificate of death. When I returned the body was on ice as usual, and the mother told me that the undertaker had come and told her that she must have the remains put into an icebox without delay. She thought it must be some kind of an official utterance, so she borrowed $10 and gave it to the undertaker before I could return."

In conclusion, Dr. Vanderpoel thinks that physicians, the Board of Health, and the law, should take measures to put a stop to such indecencies. There is no necessity for the practice, no excuse for it, except the sordid anxiety of the undertaker to make an exorbitant fee. He strongly favors the Neurological Society, which, he understands, is making efforts to have a medical expert especially detailed to investigate each case of reported death, and to make a scientific examination as to whether the doctors themselves might not have erred and issued certificates before the vital spark of life had really fled.

THE MAGNET IN MEDICINE.—Some recent researches under Prof. Charcot, in his laboratory at the Saltpetriere, have attracted attention anew to a therapeutical agent which has been known for a long time. We refer to the application of the magnet in the treatment of certain diseases. It is claimed that magnetization has fallen into discredit on account of the absence of precise rules for the application of the remedy, and because of the air of mystery which seems to be connected with it. The first experiments were made at the Saltpetriere in order to verify the facts collected together by M. Burq, under the generic title of metallotherapy. After the results obtained by metallic applications, it was natural to endeavor to throw some light on these phenomena by varying the conditions of experimenta-

tion. It was found that patients (especially those afflicted with nervous diseases) were not only acted upon by plates of different kinds of metals, but that like results were obtained by the majority of physical agents, such as weak currents, static electricity, sonorous vibrations, differences of temperature, magnetized bars, etc. It was soon found that magnetized bars were remarkable for the consistency of their action and the facility with which they could be employed. It is not claimed that magnets are endowed with specific properties, but that they form part of a group of physical agents which, in varying degrees, possess the same power as the above named of affecting the nervous system and giving rise to biological phenomena. These researches have provoked a lively discussion. The facts have been confirmed in Germany, Italy, England, etc., but have been boldly attacked likewise in the last named country.

A medical writer in *La Nature* says that the action of the magnet is in some respects so surprising that it might *a priori* excite mistrust. The magnet is not placed in contact with the skin of the subject experimented on. To influence the organism, and to produce the same effects as with metals, it only suffices to place the poles of the magnetized bar at one or two centimeters distance from that portion of the body upon which it is desired to act. It is thus that the experiments have been made. It is alleged by the writer in question that this mode of treating disease should be ranked of equal value with other methods now in use, such as that of electricity.

BACTERIA IN THE AIR.—M. Miquel has succeeded in seizing and numbering the spores or eggs of bacteria, present in the air, shows that their number presents incessant variations. Very small in winter, it increases in spring, is very high in summer and autumn, then sinks rapidly when frost sets in. This law also applies to spores of champignons; but while the spores of moulds are abundant in wet periods, the number of aerial bacteria then becomes very small, and it only rises again when drought pervades the soil, a time when the spores of moulds become rare. Thus, to the *maxima* of moulds correspond the *minima* of bacteria, and reciprocally. In summer and autumn, at Montsouris, one finds frequently 1,000 germs of bacteria in a cubic meter of air. In winter the number not uncommonly descends to four and five, and on some days the dust from 200 liters of air proves incapable of causing infection of liquors the most alterable. In the interior of houses, and in absence of mechanical movements raising dust from the surface of objects, the air becomes fertilizing only in a volume of thirty to fifty liters.

M. Miquel compared the number of deaths from contagious and epidemic diseases in Paris with the number of bacteria in the air during the period from December, 1879, to June, 1880, and, certainly, each recrudescence of the aerial bacteria was followed at about eight days' interval by an increase

of the deaths in question. M. Miquel further finds (contrary to some authors) that the water vapor which rises from the ground, from rivers, from masses in full putrefaction, is always micrographically pure, that gases from buried matter in course of decomposition are always exempt from bacteria, and that even impure air sent through putrefied meat, far from being charged with microbes, is entirely purified, provided only the putrid filter be in a state of moisture comparable to that of earth at 0.30 meter from the surface of the ground.

SPREAD OF DISEASE BY EARTHWORMS.—Recent researches by M. Pasteur appear to throw considerable light on the origin of anthrax, or splenic fever, and allied diseases, which attack cattle, sheep, etc. When an animal dies of anthrax it is not uncommonly buried on the spot. The conditions of putrefaction prove fatal to the small parasitic organism, or *bacteridium*, which is abundant in the blood at death. The gas given off causes it to break up into dead and harmless granulations. But before this can occur not a little of the blood and humors of the body have escaped into the ground about the carcass, and here the parasite is in an aerated medium favorable to the formation of germs. These corpuscular germs M. Pasteur has found in the soil, in a state of latent life, months and years after the carcass was buried; and by inoculation of guinea pigs with them, has produced anthrax and death. Now, it is specially notable that such germs have been met with in the earth at the surface above the place of burial, as well as near the body. The question arises: How came they there? And it would appear that earthworms are the agents of conveyance. In the small earth cylinders, of fine particles, which these creatures bring to the surface and deposit after the dews of morning or after rain, one finds, besides a host of other germs, the germs of anthrax. The same process was proved also by direct experiment; worms kept in ground with which *bacteridium* spores had been mixed were killed after a few days, and many of the spores were found in the earth cylinders in their intestines. The dust of this earth, after the cylinders have been disaggregated by rain, gets blown about on the neighboring plants, and the animals eating these thus receive the germs into their system. It is suggested that possibly other disease germs, not less harmless to worms, but ready to cause disease in the proper animals, may be in like manner conveyed to the surface in cemeteries. This would furnish a fresh argument for cremation. The practical inference as to anthrax is, that animals which have died of this should not be buried in fields devoted to crops or pasturage, but (wherever possible) in sandy, calcareous ground, poor and dry—unsuitable, in a word, for worms.

DR. FRANCISCO GATTI reports, in *Gazzetta degli Ospitali*, a case of sudden and complete amaurosis, which lasted ten hours, and was induced by the

medicinal use of *Saliyclate of soda.* The patient, a girl of sixteen, was suffering from acute articular rheumatism, for which twelve and one-half grains of the drug were prescribed every hour during ten hours. After taking this amount the articular pains were relieved, but the patient was seized with deafness, noises in the ears, and complete blindness. The pupils were widely dilated, and the sclerotic and cornea on each side highly sensitive. After perception of light had returned, the mydriasis still continued. The ophthalmoscopic examination generally gave negative results. Neither the urine nor the saliva yielded the characteristic reaction of *Salicylic acid* in presence of *Ferric perchloride.* The ocular symptoms lasted in all about ten hours, but left no permanent impairment of sight.

HUMAN REFRIGERATION.—Some experiments which seem to throw light on the physiological effects of bathing have been recently made by Dr. Paul Delmas, of Bordeaux. The action of cold and heat on the human system was studied by subjecting the whole body, except the head, of a healthy and robust subject to refrigeration with water at + 10 C., [50° F.] in a suitable apparatus, the time of exposure varying from fifteen seconds to five minutes. In same cases heat was applied previously. The pulse and temperature were noted all the time, and every five minutes in succeeding hours; the temperature by means of a thermometor placed in the mouth. The following effects were observed: During application of the cold, while the subject shows every sign of very intense senations (painful or otherwise), the temperature of the body scarcely varies at all, or varies at most one to two tenths of a degree, from that noted before, and previous heating does not affect this result. If, immediately after the application of cold, the subject remain perfectly still, after having been carefully dried and dressed, so as to avoid all active muscular movement, the temperature still varies little or not at all, but if he exert himself actively (in dressing, running or walking), either immediately after the cold application or after a time of immobility, so as to bring on all the external phenomena of cold reaction, the temperature suddenly falls. The reduction persists several hours, and is more pronounced the stronger the sensation of heat in the subject. On the other hand, if chill continue or reappear owing to long immobility or suspension of exercise, the animal temperature does not fall, or immediately rises again. The amount of lowering of the temperature two or three hours after a cold application was, in eleven cases out of twelve, 0·1° to 0·6°. The maximum in a very vigorous subject never exceeded 1·3°. At the commencement of the cold application the pulse suddenly becomes very quick; after ten to fifteen seconds the velocity rapidly diminishes, and at end of the experiment has returned to the previous figure or below it. If the subject, carefully dried and dressed, keep quiet, the retardation of the pulse stops or progresses

slowly, but in the opposite case it is very pronounced, and persists the more the subject gives signs of energetic reaction and a general sensation of heat. Two or three hours after the cold application the pulse showed (in eleven cases out of twelve) two to twenty pulsations fewer than before the experiment.

WATER.— * * People had a notion that it is injurious to drink at meals, but a moderate quantity of fluid taken at meal time is rather beneficial than otherwise. A large class of patients were affected with symptoms of an indefinite character—a vague unrest, showing itself by discomfort or even pain, sometimes in one place, sometimes in another. They were usually subject to constipation, often had an unhealthy hue of the skin. They were frequently classed as hypochondriacal or hysterical. There was no well defined disease. These patients usually drank too little water. The waste of the tissue changes in the system must pass into the blood, and could only leave the system in a state of solution. During comparatively good health, the amount of blood was maintained at nearly the same figure, and only so much water would be parted with through the skin, lungs, and kidneys as could be restored from other sources. If too little water was ingested, the perspiration would be slight, the elimination of urine would be diminished, and the excretion of waste material would be lessened. The blood would be continually saturated, or nearly so, with the results of disassimilation. The removal of the waste of tissue changes was not accomplished with sufficient regularity, and the tissues became clogged with used up material and nutrition was interfered with. The balance each day against health was very slight; but after a time there was such an accumulation that unpleasant symptoms were developed. If the person continued to eat heartily, either the surplus food passed off by the intestines, or was deposited in the shape of fat, the nitrogenized portions assisting to load the urine with urea and the urates. Let such a person drink a large amount, and the blood, having a sufficient supply of water, more urine would be secreted, the loss made good to the blood by absorption, and a larger amount of waste products would be taken up to be eliminated; more urea or phosphoric and sulphuric acids passed off by the urine which was increased in amount, and there was more disintegration of the tissues. This last was made up by new material, so nutrition was increased, neurasthenic patients do not drink enough.

THE Connecticut State Board of Health has wisely decided that, in the optical tests of railway men, old employes, who can not pass all the tests prescribed by the experts employed in the examinations, may be tested by flags and lanterns of the size aud colors used by the railroads at a distance of eighty rods. Of the one thousand and eighty-five persons thus far examined, fifty-six have failed to meet the requirements.

Institute of Heredity.

* * The knowledge of the laws of hereditary transmission, acquired through the methods of improving animals, together with the innumerable benevolent and reform movements in the social, moral and religious world, have been preparatory steps in our evolutionary progress, leading up to knowledge of the highest law, and final truth, by which our race is to be delivered from disease and suffering. And in this work, people of all beliefs and modes of thinking, can meet on the same ground. Science and religion, can find here a common base of operations, where both can work for the redemption of the race, without controversy. For both believe in hereditary transmission. And whatever doubts may exist, as to the revelation of a divine law in books, no one doubts or questions the revelation of a divine law, in the moral and physical constitution of man, which is sure to avenge itself on all disobedience.

Had our ancestors, a few generations past, obeyed this law, and applied it in such a way as would have been of the greatest advantage to this generation, what a healthy, manly, and noble race, we might have been. We are the ancestors of future generations; let us do for our posterity, what our ancestors failed to do for us, by setting in operation such active educational agencies as will, through knowledge and obedience to the laws of life, result in expelling disease, vice, and crime, from human relations. And so shall future "generations rise up, and call us blessed."

This covers the whole ground of regeneration and reform; and whatever is well done here, will not have to be done over again; for children born right at first, will have no need of being reformed, or born again. And all can build upon this solid foundation, with no fear of its crumbling away beneath the superstructure.

This movement must, necessarily, be in the hands of those whose intelligence and moral sense enable them to see and feel that the hope of our race centers here; and it can have

no local interest; it belongs to the human race, and can only be limited in its progress by the state of civilization and advanced culture among any people. Hence, even at this early stage of its growth, there come responses to its appeal, from both sides of the continent. And its pioneers, looking with prophetic vision down the ages, and seeing the seed which they have sown ripening into a rich harvest of spiritual and physical health in posterity, will have no occasion to regret any labor, time, or money, which they may have devoted to this beneficent work.

The meeting to organize will be deferred until after the November elections.

Having endured more than forty years of preparation, most of which have been devoted to humane service, and having consecrated the remainder of my life and labors to this work, which involves all of my time and quite an outlay of money, and being without pecuniary means, all subscriptions or contributions, with names, as members, patrons or friends, sent to 35 Pemberton Square, Boston, Mass., will be thankfully received, and gratefully acknowledged, by LORING MOODY.—BOSTON, July, 1880.

Hydroa on Lips not Necessarily Symptomatic of *Natrum Muriaticum.* By A. M. Piersons, M. D., New York.

I believe Dr. Phinney makes a radical mistake when, on page 104, August number of the MEDICAL ADVANCE, he asserts that hydroa on the lips is the most prominent symptom of *Natrum m.*, in intermittents. Perhaps I am an incompetent witness, "knowing only such intermittents as develop in the valley of the Hudson," and belonging to no materia medica club. Nevertheless I wish to positively affirm that

in cases treated by me, and quickly cured with *Natrum m.*, hydroa on lips have almost never been present. I think, and believe, that if the doctor will place the time of day at which the chill returns, in the first place; the thirst in the second; the time of vomiting in the third, and so on, and if, when he finds a chill invariably recurring from ten to eleven a. m., with violent headaches, which latter are relieved by the sweat, he will give one dose of *Nat. m., cm*, at the beginning of apyrexia, he will have little further use for *Quinia*, and Parcira's Materia Medica.

Book Notices.

Diphtheria. Its Cause, Nature and Treatment. By Rollin R. Gregg, M. D. Published by the Author, at 664 Main street, Buffalo, N. Y.

This is the third or fourth work on diphtheria we have been called upon to review within the past twelve months. The theme is prolific of books, much more so than of ideas. Oertel's discussion of the subject, in Ziemssen's Cyclopædia, has been variously rehashed by many writers, not one of whom has added a new or important fact. Since Oertel, speculations as to the pathology of diphtheria have made no progress, it being much easier to take that writer's dictum than to make further investigations. The monotonous repetition, is, however, broken at last. Dr. Gregg enters the field like an armed and valiant knight, and puts to flight all former speculations as to pathology, as well as to former modes of treatment. This author is not a stranger to the public, nor as a defender of the truth is he unknown to the world. He has already achieved some notoriety in his writings upon phthisis pulmonalis, and also as author of the "Illustrated Repertory." We feel quite assured that his present effort will not lessen, but rather considerably advance his standing as a scientific man. It is not possible for us to do justice to the author's views in this brief notice of his book. His first effort is to attack and overthrow the current and modern ideas of the pathology of diphtheria. The "Bacteria Theory" receives at his hands what would seem to be a grand *coup de grace*. He

shows what a fatal error our histological pathologists have fallen into, regarding the so called bacteria. What they have taken as such is simply the result of the "fibrellation of fibrin." Fibrin thrown upon the surface naturally assumes the shape attributed to these organisms. Fibrin becomes thread-like, and these fibrils have become the terror of modern pathologists. There is not the slightest proof of their being organisms, as assumed. There is their shape to be seen under the microscope, that is all. And what, we ask, becomes of all the pet theories and modes of practice when the famous bacteria are thus laid low? The doctor has his opinions well fortified by quotations from distinguished writers. On the subject of treatment, Dr. Gregg is equally radical. Being a strict homœopath, he has advanced his practice to what he considers higher and safer ground. In all cases, even the worst, he does not repeat his doses more than once "without waiting two or three days, and giving a dose or two of one or more other remedies that may be called for, before returning to the first, and never gives even the second dose without such waiting if the first has shown a good and continued effect for twelve to twenty-four hours, or more." And he continues: "Having lost one case in every five to ten treated, before adopting the rule, and never having lost a case or had an unpleasant result out of the several hundred treated since adopting it, leaves me no alternative but to earnestly urge its adoption by others." For sale by the author, and at all the Pharmacies. Price $1.50

THE SCIENTIFIC AMERICAN.—Munn & Co., New York. Have you subscribed for it? Do you know the value of its weekly visits? Try it, and you will find it indispensable. Notice, it is on our club list.

THE TRANSACTIONS of the American Homœopathic Ophthalmological and Otological Association, for 1880, may be had for 50 cents, of the Secretary, Dr. F. Park Lewis, Buffalo.

THE HOMŒOPATHIC Journal of Obstetrics and Diseases of Women and Children, August, 1880. We hope this valuable quarterly will be well sustained. Send in your subscription.

WILSON'S TWENTY-FIVE REMEDIES.—"I purchased your 'Twenty-five Remedies in Intermittent Fever.' Why the d—— did you not devote a little more space to each remedy, so as to give the peculiar characteristics? I was disappointed, as I need a more clearly cut picture." If our good friend will fill in the ample spaces left for that purpose, such characteristic symptoms as we have overlooked, we will cheerfully pay him for the trouble. But let him be sure they are characteristic symptoms. We need wheat, not chaff. It surely is not our fault that so little is to be found under the best of our remedies, but it were a thousand pities to overlook the value of what we have in our longings for more. For the twenty-five remedies we have selected, is not the picture clear enough for practical

purposes? In doubtful cases look deeper, both into the symptoms of the patients and the pathogenesis of the various drugs.

RECEIVED.

TRANSACTIONS of the American Homœopathic Ophthalmological and Otological Society. Fourth Annual Meeting, Milwaukee, 1880.

TWENTY-FIRST Annual Announcement and Catalogue of the Hahnemann Medical College and Hospital, of Chicago.

Editor's Table.

THE HOMŒOPATHIC Medical College of Missouri has changed hands. A new faculty is at the helm. This is because the old faculty dropped the above title, and set sail under a new name. So we are to have two homœopathic colleges in St. Louis—two tales in one city.

PROF. DOWLING, who for the past ten years has been lecturing on General Practice of Medicine, in the New York Homœopathic Medical College, has resigned that position in order to accept the chair of Physical Diagnosis and Diseases of the Heart and Lungs, recently established in that institution. This is a department of medicine to which Prof. Dowling has long devoted his time, and it will now receive his undivided attention.

ANAL FISSURES are reported successfully treated with the local application of solution, one part *Chloroform* and two parts *Alcohol*, applied by means of camel hair brush.

TO REMOVE SMALL CALCULI from the bladder, it has been recommended that the patient lie flat on the abdomen for short time, and allow calculi to settle over orifice of urethra, and then urinate.

Iodoform is recommended as the best local treatment for chancres. The sore is covered with *Iodoform*, powdered, then protected with *Petrolina* on cotton.

DR. F. D. SARGENT has taken unto himself a wife, to share the pleasures which a young practitioner, establishing himself in a city practice, enjoys.

DR. H. C. MORROW has moved from Shelbyville, Ind., to Sherman, Tex. The change was made on account of his wife's health.

DR. J. D. BUCK has moved to 290 Race st.

DR. J. E. WELLIVER, Assistant Superintendent, and Physician in Charge, of the Indiana House of Refuge, took unto himself a wife May 13. The Doctor's modesty prevented our knowing it earlier, but we feel well satisfied that he enjoys his new condition and will continue to do so.

We are sorry the State of Iowa does not appreciate the homœopathic department of its State University to appropriate sufficient funds that it may be carried on properly. Better discontinue the school at once than endeavor to conduct it with such meager advantages as it now offers. They are no better than those offered by an ordinary preceptor.

DR. A. C. SMITH has moved from Vinton, Ia., to No. 11 W. 9th street, Kansas City, Mo. Dr. A. E. Elliott has located at Shelbyville, Ind.

THE American Health Association will hold its eighth annual meeting Tuesday, December 7, 1880, at New Orleans, La.

BOGUS DIPLOMAS.—The New York Medical and Surgical Journal promises to publish, in the September issue, the names of those holding diplomas from Buchanan's various medical colleges. We hope the list will be full and complete. If it is, it will make a very interesting piece of reading. We would also like to see a list of graduates (?) from some of the bogus colleges in Cincinnati.—Peoria Medical Monthly.

The inference from the above is that the writer knows some colleges guilty of that practice. We would be pleased to learn something definite. Such statements are not very tangible. We believe Buchanan issued diplomas bearing the name Cincinnati Eclectic Institute, but don't know that there is such a seat of learning in our city.

DR. H. C. WOOD'S article, favoring the judicious practice of vivisection, should be generally read; found in Scribner's Monthly, for September.

IT IS STATED that a young M. D. of this country, visiting Paris for the purpose of perfecting his medical education, after showing a visiting friend the many beauties of Paris, and explaining them minutely, reached a quaint building not seen by him before, and desiring to inform himself as well as a friend, asked a *gendarme* about the same. His surprise was quite equal to that of his companian, when told it was the medical college.

PRODUCTION OF SEX AT WILL.—It is claimed that if the female is comparatively cold, and the male very passionate, the product of coition will be a female; if the opposite condition exists in the animals, the sex will be male. M. Fiquet claims to have predicted successfully twenty times, the sex under such circumstances. A French work on biology has reported the successful controlling of sex by coition at varying time of period of evulation. If coition takes place early during the period, or when the ovule is not well developed, the result will be a female, but if coition takes place after full maturation, and fertility results, the product will be a male.

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THE GLORY of the Roman Empire and the name of JULIUS CÆSAR, are inseparably connected together. The grandeur of the American Republic and the name of GEORGE WASHINGTON are almost one and the same thing. And so I turn to the name of Dr. CONSTANTINE HERING, but I need not ask, to what system of philosophy, to what department of knowledge, or to what great enterprise that name is indissolubly joined. CONSTANTINE HERING and American Homœopathy have grown together, the one from infancy to old age, crowned at last by the laurels of Death, and the other, from infancy toward a matured youth; and so closely have they been formed, that nothing but the searching hand of Death could put them asunder. Yet in a certain sense, HERING is not dead. In the highest sense in which he lived, he still lives, and will continue to live; and his acts will be repeated,

In states unborn and accents yet unknown.

When HERING was born, medical science and art were "without form and void; and darkness was upon the face of the deep." As night upon the seas enfolds the boundless waters in her jetty wings, so in those days, chaos covered and clouded all. Scarce one department of our present system of medicine had more than "a local habitation and a name." Anatomy had achieved some progress, and the human body had itself undergone some rude and imperfect explorations, no more; but Physiology was as a dream to the human mind, and its beauties had not reached the point of

conception, much less had they been born. Pathology was an inextricable mass of facts and fancies, and upon these, sat superstition enthroned, threatening divine vengeance to all who had the temerity to question their real character. Surgery, with its rude implements, was staining the earth with human gore; and while ignorantly striving to relieve, it added indefinitely to the sum total of human misery. As for the general practice of medicine, it was "confusion worse confounded." Empiricism reigned supreme, and being without law it was without order, and being without law or order, it was without success. It was then that the great Frenchman, BICHAT, said of medical practice, it "is an incoherent assemblage of incoherent ideas; and is perhaps of all the physiological sciences, that which best shows the caprice of the human mind. It is a shapeless assemblage of inaccurate ideas, of observations often puerile, of deceptive remedies and of formulæ as fantastically conceived as they are tediously arranged."

It was into this age that CONSTANTINE HERING was born. And when he had come to mature life, it must have been a strange infatuation that led him to select medicine for his life's work. Perhaps it was in the vain hope, that he might amend its broken ways. Perhaps it was under the delusive teachings of his preceptors, who taught him, that, first, medicine was a great and perfect art; second, it had some few minor imperfections which might be improved, and third, that he who attempted to improve it would in all human probability be eternally damned.

Passing out of the deleterious influences of the schools into a wider arena of thought, young HERING heard of the writings of one of his fellow countrymen, a distinguished German physician, by the name of SAMUEL HAHNEMANN. He went to the store and bought his books. He took them home to read them, and to try to understand them.

Like another, in later years, he might have used those books for wadding, to load a rusty ancient gun, and leaving it to others to fire the train, he might have escaped across the seas to await the result of the explosion —and he might have returned, to find no damage done worth speaking about. HERING did sincerely expect to overthrow HAHNEMANN'S argument; but alas! he was himself overthrown. He not only read HAHNEMANN'S writings, but he sat at the feet of the great teacher, and there caught such glimpses of truth, that thenceforth, like the children of Israel wandering in the desert, he had ever before his eager gaze, the divine Shekinah, which led him out of darkness and out of bondage, into the land that flowed with milk and honey.

For more than fifty years he was a faithful follower of HAHNEMANN'S teachings. If he had a creed, it was a short one and to the purpose: "I believe in the one great law of cure." With him this was not a blind faith. He brought that declaration to the test of his experience, applying it with infinite patience to multitudes of suffering men, women and chil-

dren—for let me say here that CONSTANTINE HERING was no idle dreamer. He never attempted to evolve truth out of his own consciousness; but he gave to this new doctrine the only test by which it may be proven, namely: demonstration. I do not think his mental constitution led him far into the rationale of the law. He was no speculator. He looked upon this truth as thoroughly a practical one; and it was his life's labor to increase the facility of its application. And in that life there was wrought the labors of two score of the ordinary men of the profession. I think I may safely say, that CONSTANTINE HERING was chiefly great, because he was an incessant toiler. I do not think he ever grew weary at his task.

If you will go back to the time when he landed on the shores of this new country, with this new truth burning like a sacred fire on the altar of his heart, you will see him, an alien and a stranger, looking in vain amid a people whose language he did not understand, for kindred spirits, with whom he might commune, and for temples of science, to whose altars he might bring his spotless offspring. There were medical schools and journals and societies, and there were thousands of medical men, but they had no sympathy with his thought. But, ah, his was a heroic soul! He knew the truth; he loved and worshiped it, and he resolved to give it to the world. In a little town in Pennsylvania he laid the foundations of his work. I have never been at Allentown, but I would walk its streets to-day if I could, with reverence. The rostrum and the press were the agencies he chose for his instruments. And how well they did their work, let the record of the last half century testify. But another great secret of HERING'S success, lay in the masterly power of his inspiration. Himself endued with inexhaustible inspiration, he seldom failed to inspire all with whom he came into contact.

It was no more idle to think of touching fire without being burned, than of meeting HERING and not catching some of the enthusiasm that warmed his breast. Nay, believe me, it was an inspiration which made his homely face radiant with light, and caused his halting tongue to adorn the English language, which he never quite mastered, with new beauty. It was not my privilege to know him intimately, but I have known many of his scholars; I have met many men who have sat at his feet, and God bless his memory, I do not know that he ever sent out a halting or a doubting disciple. However, some of them may have become broken pitchers in subsequent years, they came from HERING'S hands without flaw or blemish.

CONSTANTINE HERING was a true homœopath. With his whole heart and mind, he believed the truth as expressed in *Similia*. The power to demonstrate its universal application to all forms of disease, was greatly limited in his earlier days. The needed agencies were few. There were no medical schools to teach HAHNEMANN'S doctrines. There were no books to promulgate this new born truth. There were no journals in which

to show the results of experience, and there was as good a chance of finding paintings by the old masters on this new continent, as of finding drugs of any sort fit for homœopathic prescribing. In some obscure corner of Philadelphia, in some hidden recess in New York, there might perchance be found a few remedies prepared after the formula laid down by HAHNEMANN; and these, when found, were mostly in the 30th centessimal attenuation. But in those days, they knew no better than to give such things to people who were sick. They had not heard of the Milwaukee Academy, or of the revelations of the Boston microscope. And so the 30ths were given, and as the sick recovered, the name and fame of Homœopathy were spread abroad. From Allentown, HERING went to Philadelphia, and on a broader stage, surrounded and aided by ardent and able disciples, he found his cause growing with great rapidity.

It is not too much to say, that the scepter of command which he first took upon coming to America, did not fall from his hand until he was stricken by death. He fell at his post of duty, and upon the day of his death, he was no less ardent and devoted to the truth of Homœopathy, than when he first espoused the cause.

We have seen some attempted changes in our school within the past few years. Our fabric has been rocked by the baleful influence of the spirit of reaction toward the chaos of eclecticism, and the discarded errors of Allopathy; and while our future may be in this respect clouded in doubt, we have the proud satisfaction of knowing that, upon the fair escutcheon of HERING'S name, this cloud can never rest, for never did he bow the knee to Baal.

CONSTANTINE HERING was a born leader of men because of his high intellectual endowments and his whole souled devotion to truth. Tradition tells us that, in the far east, and in ages long since gone by, an elder CONSTANTINE, while at the head of his imperial army, saw in the clouds a vision of the cross, and over it these words: "*in hoc signo vinces,*" and that by that sign he went forth to conquer, and laid the foundations of a great and lasting empire.

So in later times this younger CONSTANTINE saw in his imagination, the fair temple of medical science rising till its golden turrets were kissed by the clouds of heaven, and over its fair portals he saw deeply graven by the divine hand these trenchant words: "*Similia Similibus Curantur,*" and he exclaimed, "By that sign we shall conquer," and like a true prophet he prophesied, and then fulfilled his own prophesies.

A Biographical Sketch of Dr. Hering. Prof. Franklin's Address.

At a meeting of the homœopathic physicians of the city of Philadelphia called together on the 25th day of July last, for the purpose of expressing their views and sentiments touching the history, position and connection of the late Dr. Constantine Hering with the cause of Homœopathy, it was resolved, "That a memorial meeting be had in honor of the deceased,at which physicians from all parts of the world should be invited to participate in person or by letter." In compliance with this resolution we, the faculty and students of the homœopathic department of the University of Michigan, with such friends of our system that feel an interest in the present occasion, have assembled together as earnest memorialists to express our profound regret at the loss of this truly great man, our condolence with his family, and to convey to distant friends our appreciation of the distinguished services Dr. Hering has given to the cause of Homœopathy during the last half century.

The early history of Dr. Hering finds him a bitter opponent of Homœopathy. Born with the beginning of the century in Oschatz, Saxony, we find little in early life to interest us, until the period when he began his student life under the immediate charge of his father. Here we observe him as a diligent and faithful pupil developing those sterling qualities of head and heart that made him so attractive to his teachers while pursuing his studies in the Gymnasium at Zittan, then under the rectorship of his father. His remarkable powers of observation and analysis, his untiring application marked him out as no ordinary individual. In his twentieth year he matriculated as a student of medicine at the University of Leipsic, and during his pupilage here was singled out by his preceptor on account of his superior literary attainments, to prepare a monograph in opposition to that medical heresy that was at this time agitating and unhinging the medical mind in Germany and other parts of the

continent. Elated with the prospect of a scientific tilt with the sage of Goethen, he began a review of Hahnemann's writings, hoping to obtain an easy victory in his medical contest; but his readings only impressed him the stronger with the doctrines of Hahnemann, and scientist as he was he became so thoroughly convicted with the depth of reason and glow of genius of the great medical reformer, that his criticisms were turned into laudation of the teachings of the author, and he became a convert to their strongly impressed truths. About this time, and while pursuing his anatomical demonstrations, he inflicted upon his hand a poisoned wound from the keen edge of the dissector's knife, which subsequently gave him no little solicitude and anxiety. He sought medical counsel of his old friends and in spite of their best directed efforts he grew daily worse, and the gloomy alternative was given him of amputation of the hand. Chagrined and discomfited he sought refuge within the law of similia, and applied such homœopathic remedies as his then limited knowledge pointed out, and he had the proud satisfaction of seeing his hand daily grow better, and finally saved from the dreaded prognosis pronounced by his attending physicians. With this his conversion to Homœopathy was secured, and he left Leipsic strong in the faith of similia, and entered the Academy at Wuerzburg. After attending a six months course of lectures here, he graduated in 1826, and returned to Saxony to earn the right to practice his profession on his native soil.

While making preparations, writes a distinguished journalist, to pass his final examination, he accepted the position as teacher of natural sciences and house physician in a prominent school under the charge of Director Blockmann. Wearied with continued application along the old groove of medical thought, disgusted with the endless jargon of medical theories and changing dogmas, and soured with the intolerant bigotry of that old school, that is "broken down in council and in fight, in hospital and in camp, yet brokenly lives on," his active and restless spirit imprisoned no longer by the bonds of state medicine sought new and unpent

fields for its scientific longings. He saw in the profession of medicine a system of castes of corporations, not of individual but of collective castes; he saw that a man may be anything he can, but no man can be anything out of the caste; he longed to be free, and like the imprisoned bird, sought freedom in the whole boundless continent of beautiful fruits and flowers. An opportunity was soon presented and he eagerly accepted the position that was the fulfillment of his day dream of usefulness, and which gave us the bright realization of his long cherished hopes and made him a hero in the new world of progressive knowledge. A distant relative had just returned from South America whose vivid descriptions of the beauty and splendor of its natural curiosities, of that far off tropical region where "nature wears her sweetest smiles and sings her loveliest notes," where the earth "all flowing over with fair flowers of sundry colors and kinds as though it had been in his own native land, where the rich and varied loveliness of Fauna and Flora imparted their sweet fragrance to the lazy winds," inspired his young heart to woo fickle fortune in the distant land of the occident. By the aid of influential friends he procured an appointment from the King of Saxony, to act as assistant to the accomplished naturalist Weinhold, and in 1827, with rosy hopes and elated spirit he set sail for his far off western home, and arrived in Dutch Guinea soon after. Hopeful and boyant, with a soul full of ardor for his cherished work he entered upon his new field of labor and made many friends and converts to the faith that animated all his labors. Still keeping up his medical studies pari passu with his zoological enquiries, he attracted considerable attention both to himself and the system of medicine by which he was continually bequeathing rich legacies to suffering humanity. While upon the very tip toe of encouragement and merited commendation from those who were the almost daily recipients of his kindly care and thoughtful consideration, and while pursuing with diligence and earnestness his chosen field of study, a message was handed him from the Faderland reprimanding him for daring to extend and popularize the hated

"Rational Homœopathy." By Ad. Lippe, M. D.

It is a fatal error to suppose that rational Homœopathy differs in the least from eclectism. Rational Homœopathy was ably presented to the profession by Roth, Hirshel and a number of others. They were utterly routed by Dr. C. Hering who published his annihilating, sarcastic answer to their irrational arguments in Clotar Mueller's Quarterly. In one of the last papers written by the ever ready defender of Homœopathy as taught, promulgated and practised by its founder, now no more among us, we find him say, (North American Journal of Homœopathy, August, 1880, page 80): "It is a pity that the definition of rational Homœopathy is not given; for from Hahnemann down to Hirshel there are many shades of difference in this rationality."

And now the Homœopathic Times, New York, August, 1880, on page 110, gives us their definition of "rational Homœopathy." In the same number the death of Constantine Hering is announced. How much the old hero would have rejoiced over a final definition of this sort of Homœopathy, and the opportunity of showing its irrationality, can only be conjectured by such members of the profession as have read C. Hering's papers on that subject above referred to, and who have seen the complete rout of Roth's forces, foot, horse and artillery.

It now behooves us first to thank the learned editors of the Homœopathic times for their editorial in the August number. They honestly and unreservedly define their position, which, to strengthen, they have shown no grace, nor any charity to anybody. As we differ very essentially from their views expressed in said editorial, we shall now undertake to show them their errors; we are always ready to go into "an argument" on principles, and will ask our learned friends to follow it up, make good some of their assertions, and defend their assumed position.

The editorial referred to is headed "Extremes." The learned editors roundly abuse the "materialists and the

symptomatologists," and then enlarge upon what they term "the most dangerous extreme that spiritualistic transcendental philosophy which forever lives in cloud land." The kindly inclined editors wish them well; tell them that there must be no limit to their aspiration, but beg of them to absolve said editors and the rationals, whom they represent, from their follies. Further, these advocates of imaginary spiritual transcendental philosophy are told: "We are glad a new society has been formed, but regret it has appropriated the venerable name of Hahnemann. It has raised its standard so high, and inscribed upon it its principles in such clear and unmistakable language, that they can be read by all. Whatever this society may be, . . . it is not homœopathic, and can have no claim to that title. . . . You have so long been disturbers in our ranks; so long brought ridicule upon our cause, we are glad you have hoisted your own standard and formed a sect of your own. Peace go with you." Before we handle the definition of what these learned editors term "midway rational Homœopathy," we shall say a few words about the irrational abuses by the editors of men who formed an International Hahnemann Society. Kind enough to state that the principles inscribed upon the standard of this association are inscribed in such clear and unmistakable language that they can be read by all, but said editors claim that they (the principles) are not homœopathic! Will our learned friends be good enough and tell us in what manner this association has offended the homœopathic principles? In what particular do they differ with the fundamental principles developed in Hahnemann's Organon of the Healing Art? Are not all the preambles based on historical facts? Could we not prove each and all of them by quotations from this very number of the Homœopathic Times? Have we been disturbers in your ranks? To that accusation we plead "guilty" and are glad to see you come out of your hiding places like men and raise your standard so high, and inscribe upon it your irrational claims to be homœopathists, while in reality you come out bold as defenders of pure and simple eclecticism.

And now we copy the final definition given by our learned friends and well wishers, of rational Homœopathy. They say: "Midway among all these extremes, it seems to us, called by whatever name you please, stands 'rational Homœopathy,' the pivotal point of medical science. It is not in itself a system of medicine. It makes no such claim. The art of medicine is too broad to be covered by a single dogma. Homœopathy has incorporated its name into a great fundamental truth, which, by its practical workings has placed therapeutics among the sciences. It seeks to utilize the dual action of drugs in the treatment of disease. It brings to its aid all the helps of the vast field of medical sciences, and all the facts brought out by its investigations are appropriated to intelligent use. It believes in no exclusive dogma, and is bound by the trammels of no creed. Rational Homœopathy extends the hand of brotherly fellowship to every earnest worker in the great field of humanity. Differences of opinion are not looked upon as causes of estrangement, and while we mourn the bitterness of bigotry of some, and what seems to us the wild vagaries of others, we prefer going quietly on with our great work with kindly feelings to all."

Homœopathy is in itself an exclusive system of medicine; there existed, before Hahnemann was allowed to unfold the truths of this exclusive system of medicine by him called Homœopathy, first, the allopathic; second, the antipathic system of medicine, and there exist in our days the rational and empirical schools of medicine, as well as an entirely new school, the eclectic school. The physiological school established the foundation of a "rational therapeutics." The empirical school relies on clinical experience. The eclectic school is bound by the trammels of no creed, believes in no exclusive dogma, but relies in each case solely on the individual judgment of the physician who declines boldly to be guided by any principles derived from the laws of nature, or by any rules for their infallible application in therapeutics. Hahnemann has explained these various modes and methods of applying medicines for the cure of sick (therapeutics) in his Organon of the Healing Art, paragraphs 53 to 69. It is

a fatal error, it is more than a fatal error to suppose that in one instance the one mode of applying medicines for the cure of the sick is preferable, and that in another instance another mode of applying medicines for the cure of the sick is more preferable, and that these different methods, so entirely and directly opposed one to the other, may all be applicable, and one as beneficial as the other whenever the individual judgment of the physician selects the one or the other method of cure. We are told of rational Homœopathy that "it is not in itself a system of medicine." We grant this to be true, and also of the rational therapeutics of the physiological school; but Homœopathy discards these uncertain methods in therapeutics. We are further told "the art of medicine is too broad to be covered by a single dogma." Under the art of medicine here alluded to we discover the broad system followed by the eclectics. The law of the similars and the inductive method of Hahnemann are accepted by all true homœopaths; they are written on the standard of that school, and a faithful adherence to this law and these methods have enabled the followers of that standard to establish the unerring truths taught by the master. The overwhelming testimony given by these men has proved certainly, first, that Homæopathy is the only true healing art; second, that Homœopathy is an exclusive system of medicine; third, that the results of the faithful adherence to the law and to Hahnemann's methods have been entirely satisfactory. The homœopathicians who adhere to the fundamental principles of our exclusive school will continue to develop this only true healing art; they will not despair of these "rational homœopaths;" they hope to convince them that they are greatly in error, and have committed a fatal error when they discarded Homœopathy for eclecticism. Our late friend, Dr. C. Hering, never uttered a greater truth than when he wrote his last paper, after fifty years of experience, after fifty years of adherence to Homœopathy, in his ripe old age:* "*If our school ever gives up the strict inductive method of Hahnemann we are lost, and deserve to be mentioned only as a caricature in the history of medicine.*"

*North American Journal of Homœopathy, August, 1880, page 31.

Theory and Practice.

Ametropia. By J. F. Edgar, M. D. Read at the Fourteenth Annual Session of the Indiana Institute of Homœopathy, Indianapolis, Ind., May 26, 1880.

That there are persons with ametropic eyes, which neither a spherical convex nor concave glass entirely corrects or relieves of asthenopia, the general profession should know, and know it understandingly. And there are oculists, whose opinions savor of something like "materialism," and who earnestly assert "that an evident (supposed) abnormality, technically known as astigmatism—viewing it as an anatomical condition—can not be changed by any dynamic remedy; and they also should investigate, and find out many things therapeutically, that the law of cure is unfolding, and will unfold, to those who do not come to her prejudiced for information.

One of our specialists reported a case of ametropia some few years ago, in which the defective vision was aggravated while eating. I wrote to him, asking what treatment he had given, and if there were not concomitant symptoms, so as to recognize the entire constitutional condition in selecting the remedy, and suggested several remedies that have in their pathogeneses, aggravation of ammetropia while eating.

His answer was a question, "Did I expect to change curvatures of the cornea or lens with homœopathic remedies?"

I answered this question about as follows: "That whether the curvature of the different meridians of the cornea or lens was changed or not; if the ammetropia was changed to emmetropia by remedies administered to the general system, it not a matter of very serious moment to me, whether I was able to demonstrate an anatomical change in the cornea or lens, and I hardly think the patients would regret it."

To Woodyatt am I mainly indebted, for my inspiration in the therapeutical treatment of certain cases of astigmatism, and I offer you the history of just one case:

Miss G., aet. sixteen; attendant of the high school. Asthenopia more or less all through her school life—mostly headaches, until during this present term there is in addition, pain in the eyeballs and difficulty of seeing fine print. Their family physician has not succeeded in relieving these headaches. She thinks "she is near-sighted."

Vision $\frac{14}{18}$, and concave $\frac{1}{36}$ brings vision up to $\frac{14}{18}$ as the best, but spasmodic at that. Some tenderness (soreness) in ciliary region. The stenopaic slit placed horizontally, and with the aid of a concave $\frac{1}{48}$ brought vision nearly up to $\frac{18}{14}$, and placed perpendicular with aid of a concave $\frac{1}{28}$, vision equalled the same $\frac{18}{14}$; this was in the left eye. While in the right eye, the slit was not an aid to vision, but a concave $\frac{1}{30}$ brought vision up to same as the left eye, $\frac{18}{14}$; and no combination of lenses would improve the vision any better. The examination also indicated a spasmodic condition of the ciliary muscle, as the vision would be better, and worse in a few moments while still looking through the same lens.

With no lens, or combination of lenses, could the vision be brought up over $\frac{18}{14}$ (that is, a fourteen foot letter, or sentence, could not be distinguished farther than twelve feet away).

Physostigma 3*x* was given October 15th, four doses a day.

Oct. 18th. Slight improvement; *Physos.* continued.

Oct. 25th. Not much improvement in vision, but the asthenopia much better. *Lilium tig.* 3*x*, four times a day.

Oct. 29th. Vision $\frac{11}{12}$ without glasses; no pain or headache; *Lilium* continued.

Nov. 11th. Vision $\frac{20}{20}$ fully; and she reports no pain or trouble with the eyes now. *Lilium tig. cc.*, one dose each night.

Jan. 15th. Vision $\frac{20}{20}$, and clear as a bell; and she says she has not had any headache or pain in or about the eyes, and that she can see finer print in poorer light, than she ever could before, and without any inconvenience.

Now this young lady did not lose one day from her school, and continued her studies at night just as she had been doing, and the result certainly will allow this deduction, that a spasmodic condition of the ciliary muscles was the condition which the *Lilium tig.* relieved.

The Heart as Affected by Smoking. By W. P. Armstrong, M. D., Lafayette, Ind.

Many a woman in the lower walks of life applies to her physician with the complaint that her heart troubles her so much, and she has such smothering spells, she would like to know what is the matter with her. Question her, and you will learn that she has frequent attacks of vertigo, with palpitation, not only when sitting still, or lying down, but also upon exertion. There is generally an excited action of the heart, with frequent intermissions of pulse. Making a careful physical examination, we often find the apex of the heart beating too far to the left, the center of impulse sometimes being, when sitting upright, nearly under the left nipple, instead of an inch to the right of the nipple line, as in health. The impulse is quick, excited, and often irregular, and diffused over a considerable space. It is the impulse of excitement, combined with debility of the heart walls. We have, then, to deal with a deranged nervous system, and often, also a slight degree of dilatation of the left ventricle. This dilatation is the result of undue activity of a heart whose walls are enfeebled. In other cases, the heart's action is not excited, but simply feeble, irregular or intermittent, and here dilatation is generally absent. In either case there is some degree of anæmia, and the patient has a yellowish, muddy complexion, and smells of tobacco smoke. Your patient is a smoker, and the habit has so grown upon her that she now smokes almost constantly. I speak of the patient as a woman, because, perhaps in consequence of their indoor habits, tobacco is more likely thus to affect women than men.

Such a person is incapable of making any great effort, either mental or physical, as the heart is too feeble to carry the blood to the brain in sufficient quantities to enable it to perform its functions properly.

But what are you going to do with her? It is almost useless to prescribe any medicine for these symptoms while she follows this habit as she does. Induce her to throw away

her pipe if you can, and your work is more than half done. Should this be impossible, she must, at least, be more moderate in her indulgence. Let her take a smaller pipe, and smoke less frequently. This will be beneficial. If she abandons the use of tobacco altogether, her most distressing symptoms, the palpitation, vertigo and smothering, will in a great measure disappear, and even the dilatation, if present, may partially subside. But are you going to let the case rest here? Some might say, as has been said thousands of times in reference to other affections, "remove the cause and nature will step in and cure the disease herself." This is a good maxim, and is measurably true. If the recuperative powers of nature were perfect, if men's bodies as well as their souls were immortal, its truth might be absolute, but such is not the case.

Right here lies a chief difference between Homœopathy and expectant medicine. Let us take a case of simple pneumonia for example, and let us bear in mind that the exposure to cold, which was the cause of the disease, has already ceased before the physician is called. Expectant medicine endeavors to tone up the system with *Quinia*, and to ease the patient's suffering with *Morphia*, while waiting for the ninth day to usher in an improvement; Homœopathy, without bluster, goes to work at once with actively curative remedies, chosen with reference to the law of similars, and usually has the patient on his feet in a week at most. Again, nature and expectant medicine have very commonly left a portion of the lung hepatized, while Homœopathy, in her cases, has generally removed the last vestige of the disease. We say nothing of the many in whom nature has been so far inadequate that expectant medicine has permitted them to slip silently away over the dark river.

And so in the case under consideration, we have something to do besides waiting for nature to do the work. She can do more for the nervous system than she can for even the slight dilatation often present in the smoker's heart. Indeed, most authors claim that no form of dilatation, no matter how slight it may he, is curable by any means, except as it is merely compensated for by hypertrophy; but this I do not be-

lieve. On the contrary, I believe that most of the milder cases of dilatation, if taken in time, can be permanently cured.

The following remedies are only a few of those which are most useful:

Lachesis.—She feels the beating of the heart, with weakness even to sinking down; palpitations causing anxiety; desperate fits of suffocation; she must sit up in bed; dimness of vision, black flickering before the eyes; hot flashes; worse after sleeping; critical age; can not bear the least pressure, even of the bed clothes.

Nux vom.—Spasmodic palpitation of the heart, with sensation of fluttering at the pit of the stomach; worse after eating, or while lying down; quarrelsome, melancholy; confusion of the head; headache in the morning, on waking; dizziness, heaviness of head in morning; indigestion, constipation.

Pulsatilla.—Palpitation when lying on the left side, or after dinner; palpitation in violent paroxysms, often with anguish and obscuration of sight; vertigo; pulse very feeble; mild and tearful disposition, with painful and scanty menstruation; greasy food disagrees.

Ignatia.—Anxious feeling at the precordium; palpitation of the heart at night, and in morning, in bed; trembling of the limbs; sensation of sinking at the pit of the stomach; sad, silent, melancholy.

Cactus, *Digitalis*, and *Spigelia*, will often be found useful; while Lilienthal speaks very highly of *Plantago major*; but in the vast majority of cases, one of the remedies whose indications are given above, will most likely be required, as corresponding more nearly to the totality of the symptoms.

Hydroa may be an Early Symptom in Ague. By C. F. Nichols, M. D., Boston.

A. J. Phinney, M. D.,* knows that *Nat. mur.*200 did not cure an ague because when hydroa appears "your ague is cured either by your remedies (previously given), or by nature."

Living here it would be unwise to aspire to that comprehension of Wabash, lacking which no sane mind ever has or ever could discuss ague much; and yet I lately ventured to mention to a medical friend, whose residence and large practice were formerly in the malarial west, my experience that fever blisters have occasionally adorned the lips of my patients at early stages of all sorts of disease. My friend, old school by the way, hereupon declared that in his own western practice the hydroa eruption had been of not unfrequent occurrence as an initial symptom of fever.

Naturally flattered and surprised that eastern inexperience could have blundered even into intermittent truth, your contributor has spent a portion of his summer vacation in improving his mind by talking about this thing, (thereby accumulating from confreres a collection, as it were, of pearls) and now makes bold to cast a single hydroa pearl before Drs. Taylor and Phinney.

May 22, 1878, T. W., aet. twenty-five, dark, muscular, a machinist. Congestive chills with sequelae since childhood, contracted at Decatur and Centralia, Ill.; paroxysms return with similar intensity every Spring, whether west or east. Last year's attack was his longest, shakes and dumb ague having lasted eight months, when he went west, having been in Boston three years; is back again after experiencing severe chills while in cars, with the following symptoms past two weeks:

Alternate days, but without regular hour, or ante- or postponing, usually in early morning; chill, heat, sweat. During chill head hot, often with pale face and intense headache;

*ADVANCE, August.

chill starts in chest and works to hand and feet, which become cold externally, with blue nails; restless at this stage and feels exhausted; thirst begins with the heat; heat, one to two hours, and sweat, one to three hours, last longer than chill, and during both he is usually unconscious, seeming unaroused when drink is given; vomiting food previously taken; recalling nothing afterward; sleeps from three to six hours after sweat, feels better after the sleep; sweats readily during apyrexia; nausea after eating, and sometimes vomits ingesta; abdomen sensitive throughout, but neither spleen nor liver of abnormal feel; eyes yellow, bloodshot; no stool four days; tongue brown-white, dry, cracked; pulse ninety, irregular, and more frequent during paroxysms; likes head bathed in cool water. His herpes labialis have, for ten or fifteen years past, invariably appeared on the second or third day of malaise, coming and going every few days during progress of the disease.

Given *Ars. cm*, in water every four hours, six doses. May 22, *Ars. cmm*, once, dry. May 26, no return of chill or dry heat after the first dose; at work a fortnight after.

I "interviewed" this patient yesterday, (Sept. 3) who has been well since the attack above recorded. "The doctors gave me a great deal of *Quinine*, both west and in New York, also for three months at one time in Boston. I was sometimes sick eight months, only kept from shaking a few days at a time while taking *Quinine*. When I had fever at first, in childhood, the fever blisters came as the attacks were passing away. Afterwards, the past fifteen years, they came as soon as I was sick and kept opening and shutting for months."

How often are cigars, stories and patients sent all around the world and back again, finally to be best appreciated and utilized at home! Their patient whose hydroa does not mean "cured by *Quinine* and nature" is herewith returned to Drs. Taylor and Phinney, one, among many, refutations of a dictum invented solely to cast doubt upon legitimate cures. Undoubtedly a recovery from the present attack usually

promptly follows an appearance of this eruption, but attacks recur unless prevented by a remedy.

Attention, Wabashians! Do not attacks recur unless prevented by a remedy? The hydroa-cure man does not believe this: Wabash climate cures his agues isopathico-expectantly, and shows it does so by exhibiting the hydroa-signal.(?) But a more thoughtful physician, given a case of ague, will simply include the hydroa, if present, in the picture of disease claiming his study. With *Ars.* and *Nat. mur.* Boeninghausen permanently cured intermittent fevers having among other symptoms, "eruption on the lips."

At and before that time and ever since, agues and fevers innumerable have yielded to remedies other than preparations of *Quinine*, for the symptoms of patients suffering therefrom are always numerous, varied and characteristic, thus especially guiding capable practitioners of Homœopathy to select the remedy which must prevent further paroxysms or persistent lesions.

Most cures are made by the appropriate remedy highly potentized.

Crude *Quinine* and *Chinoidine* have removed the conspicuous sufferings in agues, fevers, etc., but here in Boston we sometimes see specimens, wanderers hither, results of "cures" as if the Devil had cut, dried and painted them, the subjects of medicinal disease (see Organon §74, also §231 to §247), with a skin, bowels, liver, spleen and lungs the despair of those who are requested to "patch up again."

"* * * a tinker, a Taylor's" naive confessions: "two" and "three months" dosing all around "after recovery" truly present a model for imitation. Like a boy who pours water into a piano, or gravel down a musket bore, these dare to clog and crush this "harp of thousand strings," when something better could be done.

General Clinics.

CASES FROM PRACTICE.—From Die Allg. Hom. Zeitung. By Dr. May, of Saxony.—Translated by A. McNeil, M. D., New Albany, Ind.—On the 10th of September, 1867, a mason, otherwise healthy, aet. forty-five, consulted me on account of pollutions and painful erections which often awakened him out of sleep. The meatus was reddened; in the morning glued together with tough, white mucus; itching of the anus, particularly after the erections; dryness of the mouth; singing and roaring in the ears.

At first he had been treated more than three months for gonorrhœa by a very skillful allopath, and during this time the erections began. He was then treated two months more by another physician, without any benefit. The succeeding treatment I could learn nothing of. I gave one dose *Cantharis* high, of Lehrmann's preparation.

Sept. 15. No improvement; one dose *Cannabis*, also high, and two doses of *Sacch. lac.*

Sept. 24. No improvement; one dose *Mercur. vivus*, high, and three *Placebos.*

Oct. 6. He did not come to me on account of an abscess in the inguinal region; lessening of the symptoms. Dressed the ulcer with tallow, then *Placebos.*

Oct. 20. The ulcers healed, with progressive improvement of his old complaints. Two *Placebos.*

Oct. 31. He came to me, free from all complaints, and has continued healthy.

CASE II.—A girl sixteen years of age, otherwise healthy, was frightened by meeting a wild looking stranger on the street. She complained two days later, to her mistress, that she was anxious, and afraid to sleep alone. Although she was permitted to sleep with her mistress, in the same room with the children, yet in the night dry heat set in, pulse went up to one hundred and fifteen to one hundred and twenty, complete loss of consciousness, frequent starting up, with

stretching out her arms and hoarse calls of father! father!! or mother! mother!! and very lond expirations, as if a foreign body were stuck in the wind-pipe, which caused every one to think that it was an attack of croup. She then received, about two a. m., *Belladonna* 30, dry on the tongue. After five minutes she was in a general perspiration, and in five minutes more she was sleeping quietly. After an unbroken sleep, the next forenoon she was entirely well, except a feeling of pressure in the pit of the stomach, and remained healthy.

CASE III.—A girl nine years old was frightened five or six months before by a dog. Since then she suffered from vomiting and profuse epistaxis, and for six weeks has had daily attacks of chorea magor, from eight to nine p. m. The paroxysms were so violent that she was thrown about the room, and was only protected from injury by bedding, accompanied by unconsciousness; mouth and eyes closed.

On the 26th of December, and the first of January she received three powders *Belladonna* 30.

Jan. 13. Considerable improvement; three powders sugar of milk.

Jan. 21. Some aggravation, with fever. *Aconite* 30, one powder, and two of *Belladonna* 30.

No more attacks. Twelve years afterwards she came to me on account of slight, similar attacks from grief.

CASE IV. A girl of ten fell in the river, and was suffering for three hours. Violent twitching of the limbs, unconsciousness, head hot, very rapid pulse, and constant, profuse ptyalism.

As she could not swallow, I gave per rectum *Belladonna* 30, in a clyster of lukewarm water, whereon the attacks soon abated.

Two years afterwards very similar attacks from another fright yielded to the same means.

CASE V.—Tetanus and trismus of a boy of twelve years, in consequence of a violent cold; ceased quickly after a clyster of lukewarm water, to which *Bellad.* 30 was added.

CASE VI.—A woman of forty-two years was taken with trismus and tetanus after severe exertion and violent cold. I

adhere in the morning; dimness of sight; she can not read, nor count my fingers across the room. Became dumpish and stupid six months ago; has pain in left side of head, morning or afternoon; heat in head in afternoon; sour, watery mouth in morning; swelling of glands under jaw at times; has menstruated three times; the flow profuse, dark, clotted, with pain in abdomen the first two or three days. Under *Sulphur* 900, Fincke, she recovered speedily, and in a few weeks returned to her studies at school.—EDWARD RUSHMORE, M. D., Plainfield, N. J.

VERATRUM VIRIDE IN TYPHOID FEVER.—Mrs. H., aet· twenty-five, from Galesburg, Ill., visiting friends here. The remedies used during the first, second and third weeks were *Arn.*, *Bell.*, *Bry.*, *Hyos.*, *Stram.*, without any marked benefit. The disease appeared to be of the cerebral type. There was some diarrhœa during first week; after that the bowels were moved by enema; some soreness and gurgling in ileo-coecal; not much tympanitis.

Veratrum vir. 30 was given on twenty-first day, at eight a. m., in half drop doses, every hour. Symptoms, delirium night and day; constant talking and muttering unintelligibly; talking with eyes open, squinting with eyes, ocular conjunctiva injected, secretion of yellow mucus at inner canthus; nightly agglutination; face pale with cold sweat, boring occiput into pillow, jerking head backward, sometimes forwards; jerking head backward a very prominent symptom. Pupils dilated; dropping of lower jaw; corner of the mouth drawn down on the left side; champing of the teeth; tongue coated white, cleaning off then coating brown with a red streak through the center; after turning over in bed heart beats very strong, shaking left thorax; urine dark and turbid, fetid, involuntary; great restlessness; constant moving, thrusting out one leg, then drawing it up, then thrusting out the other position on back, with thighs flexed on pelvis, carphologia; picking at the bedclothes. Subsultus tendinum coming on like galvanic shock; twitching of the facial muscles—the talking, dull subsultus tendinum, champing of the teeth,

jerking the head backward, came on in paroxysms, and were very prominent. Pulse, one hundred and fifty, irregular, sometimes imperceptible; respirations, forty per minute; temperature ranging from one hundred and three degrees to one hundred and four degrees in morning; evening, one hundred and five degrees to one hundred and six degrees.

On the twenty-first day the temperature in the morning, one hundred and four degrees; evening, one hundred and five degrees. Twenty-second day, morning, one hundred and five degrees; evening, one hundred and six degrees; the temperature began to descend after twelve p. m. of the twenty-second day gradually, till reaching the normal temperature (without any oscillation, morning and evening) the pulse was reduced to one hundred and twenty in twelve hours, and the symptoms greatly modified; rested well all night; progressed rapidly to a state of convalescence. Raue, Panelli, Lilienthal, say nothing in relation to this remedy in typhoid fever.—G. W. SHERBINO, M. D., Waynesburg, Pa.

Clinical Cases Eye and Ear Diseases. Reported from Dr. Wilson's Clinic' at Ann Arbor, in the Homœopathic Medical Department of Michigan University.

CASE XVIII.—ENTROPION, OPERATION.—Mr. Case comes to us from Dexter, Mich. He has been for a long time suffering from inflammation of the eyes. His dread of light and spasm of the orbicularis muscle are so marked that it is with difficulty we can get any satisfactory view of the condition of the eye ball. Let us note at this point that this patient is a farmer, always a hard worker, and in general good health, with no possibility of syphilis. The history of this case runs back several years and includes a large amount of heroic treatment. Moreover he has had some fine surgical operations performed and he thinks himself none the better, but rather worse for the attention he has received. An examination of the right eye

shows the cilia and tarsal plate of the upper lid mostly removed. "Distinguished oculist" had cut it away so as to get rid of the hairs which persisted in turning in upon the eye ball. The left eye showed the upper lid turned in, with the entire row of cilia pressed against the cornea and ocular conjunctiva. With some difficulty it cold be brought into position, but would, when free, return to the malposition. Fortunately the experiments of my predecessor had been confined to the right eye, so that I had a tarsal plate upon the left eye unmutilated. This gave an excellent opportunity to show what an improved method in operating would do. Having decided to operate, the patient was placed upon the operating table, and endured the cutting without anæsthesia. In these cases it is of first importance that there be as little loss of tissue as is possible. It is almost, if not quite impossible to take out any part of the tarsal plate without disfiguring the eye. With a large, strong pair of scissors the outer canthus was split (canthotomy). The lid was then everted, and with a thin knife the tarsal plate was divided into two equal parts longitudinally; that is, it was cut in two from end to end, carrying the point of the knife down to plane of muscle beneath, which was in fact, the orbicularis. The lid was then snipped at both extremities of the plate as far in as the longitudinal section. This, of course, left an oblong section of the tarsal plate, which part, by the way, contained all the cilia and their follicles free from all attachment save the orbicularis muscle. It remained, therefore, only to place this section in position. For this purpose an oval section of the integument was taken out of the lid to within a half a line of the cilia. Three stitches were placed through this gap in the integument, and when drawn together the oblong section of the tarsal plate was turned outward, and, in fact, upward, and the lashes pointed in a direction opposite from the eye ball. To all appearances this would be likely to produce a deformity, but experience will show that much has to be allowed for the shrinking of the parts as they heal. The stitches were left long enough to be fastened with plaster to the forehead, in order to give additional security against the plate, being drawn back so as to bring the lashes against the eye as before. *Aconite* internally and cold water dressing were all the treatment given the case.

This patient returns from time to time, and after three months he is shown the class with the eye entirely free from inflammation and the cilia in their normal position, and not a hair impinging upon the ball. Both eyes now look exceedingly improved, and the patient, as well as the surgeon, is gratified beyond measure at the result. Very little can be said as to precise measurements. It must all depend upon the judgment of the surgeon, who must cut his garment to suit his cloth.

Miscellaneous.

Dunham *vs.* Hahnemann.

EDITOR MEDICAL ADVANCE:—I have read Dr. Dake's criticism of you and Dr. Berridge in the Hahnemannian Monthly. Would it not be well now to inquire a little into the true inwardness of the extreme sensitiveness on the part of that squeamish majority of the Institute for the good name of Dr. Dunham, while that same majority will stand by and hear the name and fame of Hahnemann wantonly traduced without ever raising voice or pen in his defence? Indeed, is it not a fact that quite a goodly number of them join in and denounce the founder of our school as having been a "fanatic," "visionary," yea, and "dishonest," evidently with the intent and purpose of driving young physicians and others as far as possible from all honest reliance upon his teachings, that they may thereby keep good their majority in and power over the Institute. What other rational explanation of their conduct is there but this? It would seem to any fair minded man that the good name of Samuel Hahnemann is fully as important to Homœopathy and its proper development as that of Dr. Dunham.

The true secret of their conduct in these matters, dodge and wriggle as they may, is that Dr. Dunham furnished them with their battle cry, in the much vaunted proclamation, "liberty of medical opinion and action," of which they took undue advant ge, to rally their forces and make war upon Hahnemann's pure and noble teachings; and also to make it stand as their own excuse for violating those teachings in their daily practice. This, and this only, is the gist and animus of their whole procedure. Because they have not the spirit, moral courage or honesty to stand by a principle or law of nature, or the ability to comprehend it in all its bearings, they seem to think others can not and must not be allowed that privilege.

What would be thought and said of the commander of an army, who, in the presence of an enemy, and on the eve of going into action, should proclaim to his whole command, "liberty of opinion and action is your natural birthright, and now exercise it, each as seems to him most fitting." What a scattering to the rear there would be under this surmised situation, of all the skulkers, cowards and pretended friends of the good cause, while all true men would remain and be sacrificed, rather than betray their colors. That would be precisely similar to what Dr. Dunham did as general-in-chief of the homœopathic forces of the United States in his notorious manifesto at Chicago ten years ago; and what a scattering of the disloyal was there under that actual circumstance. But a reorganization by them soon afterwards, to open a fire from the rear upon all those who remained true to their flag. This fire they have kept up incessantly ever since, but, thank the Lord, true men never strike their colors, and that unreliable majority is now further from conquering than ever.

While speaking thus plainly of Dr. Dunham's action on that occasion, let us do him full justice by placing the responsibility for the results where they properly belong. Never was a man more injured in his future good name than he by his professed dearest friends. This will be the verdict of history. Himself a pure practitioner of Homœopathy, it would be a great conquest thought they, if he could be brought to endorse their mongrelism, so an incessant clamor was kept up to disparage and weaken the tenets and teachings of Hahnemann, and Dunham was fawned upon and flattered until they induced him to formulate their battle cry, "liberty of medical opinion and action." This they at once tortured into a meaning that he did not intend, and have ever since used it, not only to the great injury of his name and memory, but to disgrace and destroy Homœopathy as well.

To carry the military simile still further and apply it, not to the general but to his pretended followers, what would be thought of that man or combination of men in an army who should be constantly on the alert to find and point out

to the enemy all the weak points that must inevitably arise in every advance that is made upon an aggressive campaign? Such men are called traitors in military affairs, and they are none the less to be dreaded in other causes and callings and and would not be more savory under another name.

One point more and I have done. Is not the following assertion, "As to the study of Hahnemann's writings, I venture to say that our practitioners are as familiar with them as any medical men in the world;" is not this, I repeat, cool and portentous even for a Dake? when no fact in our school is more notorious or more lamented by all true disciples of Hahnemann, than that not one in ten, if one in twenty, now professing to practice Homœopathy in this country, owns or ever read Hahnemann's Organon, and not one in twenty-five, if one in fifty, owns or ever studied his Chronic Diseases? Whereas no student should ever receive a diploma to practice Homœopathy until he has mastered these works. But what has the American Institute done in the last ten years to encourage the study of them?—HAHNEMANNIAN.

Who is Responsible?

EDITORS OF THE ADVANCE:—I have just received the published papers and discussions of the bureau of Materia Medica and Provings of the American Institute of Homœopathy, for 1879 and '80. I do not know who is responsible for the mistakes contained therein, whether reporter, the compiler, compositor, proof reader or some one else. I only know I am made to say so many foolish things I never did say, that on reading them I was reminded of Artemus Ward when the mss for his book were in the hands of the publishers, they kept changing them to such an extent that

Ward said he thought the next book he wrote, he would get them to write. So the next time I say anything in discussion I propose to let some other fellow say it, as he has done in this instance.

At Lake George I am reported as having used the following language: "I believe that it is the experience to comfort a man who has fallen from grace." Now if any living man, or woman can make sense out of this they can do more than I can, and when I saw in print that I had uttered it, I involuntarily, like Rip Van Winkle, called my dog to see if he would know me. What I said was that I believed it was the experience of theologians that it was more difficult to reconvert a man than it was to convert him in the first instance. But again, "The fact that patients recover after the administration of a high potency is given as an evidence of recovery, as though it was owing to the high potency." Now this, in addition to being about as awkward as words could well be thrown together, is so nearly correct as to be directly contrary to what I either said or meant: I plainly stated that the opposition took the position that the fact of a recovery following the administration of a high potency was no evidence that the recovery was owing to the prescription. A slight difference.

[illegible]

either on the one, or on the other occasion; on the contrary, I thought then, and think now, that many of them, as homœopathic productions, were grand failures; but I did regard these at Milwaukee as being an improvement on those of the previous year, hence I told the story of Mr. Lincoln, (which, as reported, is dreadfully mixed) that any one who liked that kind of thing, I thought that would be about the kind of thing he would like.

But once again. "You will remember * * * * that, on that occasion I predicted that there was to be a reformation of this kind, (what kind?) I must confess I was sold on that occasion, but I felt just as good as a Methodist preacher at a camp meeting." Now if I talked any such nonsense as this, like Horace Greeley, I want some fellow to kick me. I never used the expression, "that occasion" two or three times in that many lines. I never said "I was sold," or anything implying it. I never used the word Methodist, in fact neither the language or the meaning is mine. My meaning was simply this, and these are the words made use of to express it: "Last year I predicted a reformation in these writers, and now when I discover what I regard as being indications of it, I feel as happy as a revival preacher," etc.

Now, Mr. Editor, just show me the villain who made me say yes, when I meant no, and all the other ridiculous and foolish things attributed to me, and I will get a "scorpion to lash the rascal naked round the world." I understand the papers passed through the hands of two or three parties after leaving the reporter, and think some one has played Buttercup with the babies and got them mixed. I am willing to stand by what I say, but protest against any one else doing my talking.—C. PEARSON, M. D., 608 Twelfth street, Washington, D. C.

Nov-3

Hering Memorial Meeting.

Cleveland Academy of Medicine and Surgery met October 10th, 1880, pursuant to call. Dr. H. F. Biggar, President, stated the object of the meeting by reading the call for the Hering Memorial.

The Rev. Dr. Bolles, who had been requested to open the meeting with prayer, prefaced the devotions with some remarks, of which the following is an outline:

But why commemorate the faithful departed? Why think of them at all? Why not rather let them be forgotten, as a dream of the night—buried forever in oblivion—nevermore to come as ghosts, to disturb our slumbers—or why not, if we must sometimes think of them, let it be only as gone, lost, dead, buried, annihilated, absolutely extinct—never more to live in thought or memory?

Alas! alas! an impossibility. As well might we endeavor to annihilate ourselves; as well might we try to extinguish the light of the universe as to quench the embers of an undying memory of the dead.

But if we must think of them, how? God be praised, we have an answer to this momentous question in holy scripture, as plain as the sun in the heavens. How, then, must we think of them? How commemorate them? Let the Bible answer.

First. We must think of them as still alive, that "Death hath no more dominion over them;" that, "in that they died, they died unto sin once; but in that they lived, they live unto God;" "delivered from the burden of the flesh, and are in joy and felicity," for which we love and praise, and magnify His glorious name!

What said our Savior of the departed faithful of old—of Abraham, of Isaac, and Jacob? Expressly that they are alive, awaiting the resurrection, for "God is not the God of the dead, but of the living"—and if they are alive, much more "the faithful departed," from their time to ours, who have "fallen asleep in Christ."

Second. We must think of them as "witnesses" ever living, and ever testifying—an innumerable "cloud" or multitude when the apostle wrote his epistle to the Hebrews—and yet then only skirting, as it were, the horizon, but now covering the whole heavens; and what they see and what they testify, no tongue could begin to mention.

Third. We must think of them as part of ourselves, our own members already rescued, saved, housed, and yet still holding on to us, our hands clasped together in theirs, in Christ; our hearts knit together with theirs, as in one common bond of love and peace, and joy—their song of praise must be ours—theirs in triumph, ours in hope—theirs for us as well as for themselves, and ours for them as well as for ourselves; remembering always that the same almighty power and love, and mercy which have carried them safely through the trials and conflicts of this mortal life, and made them victorious, are pledged to us and will make us victorious, provided only we let not go our grasp, and "be faithful even unto death." "Men once like us with suffering tried." "But now with glory crowned."

Fourth. We must think of the faithful departed not as lost; not as dead; not only as still living; not only as our witnesses; not only as our members with us of the same mystical body; but as still our friends, our companions, our associates, our brethren, our "well beloved in Christ," bone of our bone, flesh of our flesh, soul of our soul, from whom it is impossible for death to separate us, or to break the sacred ties of our common humanity.

Drs. J. C. Sanders and H. H. Baxter were then appointed a committee to report the expression of the meeting, and reported as follows:

"The death of Constantine Hering, which occurred in Philadelphia, on the 23d of July last, impresses us with mingled rejoicing, sorrow, and sense of loss. We are constrained to rejoice that in divine compassion by which his death was unheralded and sudden, he was spared the painful consciousness of decrepid powers, usually inseparable from the frosty age into which his years were mercifully lengthened, and the

sense of suffering and anguish, so common to mortal life and death.

"We rejoice that to him were vouchsafed such extraordinary physical strength and endurance, such splendid mental endowments, and such an evident divine calling to the profession to which he gave his life.

"We rejoice that in the great diversity and range of his study and work he always proved loyal to the great master, whose disciple he was, and whom he faithfully followed.

"And we rejoice that all his great powers and distinguished study and work were consecrated to the discovery, and determining the best and surest means of relief and cure of human sickness and suffering, and that he unselfishly and freely gave to the profession at large whatever he regarded valuable in the products of his study and thought, and, therefore, that his name is written imperishably, where they who have loved their fellowmen, have names, whom the love of God has blessed.

"But we sorrow with his sacred kin that we shall see his genial face no more, or hear his winsome voice, or feel his inspiring presence, or have our paths lighted by another thought from his earnest, hallowed mind.

"And this is the great and irreparable loss we personally, and as a profession, deplore.

"A loss which leaves an ineffaceable shadow upon all who knew him, all who loved him, all to whom his name is dear."

Dr. D. H. Beckwith then made the following remarks:

Mr. President:--I desire to say a few words in regard to the event which has caused this society to assemble here tonight, in grief, in sorrow, in honor and respect. A few years since we mourned the loss of John Wheeler, M. D., who died in this city, ripe in years and full of honor. Our next call was to the memory of Wm. E. Sanders, M. D., who passed away in the spring-time of life, with brilliant prospects for the future before him.

We are called once more to bow with submission to the inscrutable will of Him, in whose hands are the issues of life and death—to mourn the loss of one, who, during a long ca-

reer, has distinguished himself in our profession as a writer, a translator, a teacher, a practitioner of medicine, and a prover of remedies. That mysterious roll of human fate slowly unfolds her book, page after page, guided by the unerring hand of time, and calls us, one by one, to a sphere of higher existence. It would be a strange neglect on the part of the medical profession, if we should give no formal expression of our grief and sorrow, at the death of one who has done so much for us all, and while we mourn the loss of this great man, we may also rejoice that such a man lived in our day. No future can rob him of his history, and for many years his name shall be cherished and his words be emulated.

Like the falling leaves of this beautiful October day, many of our physicians pass off from the stage of existence, and no public record is made of them, while on the other hand, history takes up our great men and holds them as precious jewels on her pages, embalms them in her records, and perpetuates their memory to generations yet unborn.

The profession will agree with me without a dissenting voice, that Constantine Hering was a man of application to that science which he loved so well. In his writings he had a keenness of vision, a power of observation accorded only to but few. He was devoted to his profession for over one-half a century, studying it always as a science, and practicing the doctrine of Homœopathy as taught by Samuel Hahnemann.

When I call up the name of him whom we eulogize to-night, it seems to me that he was an old good friend of mine —that he was one of my teachers of Homœopathy thirty years ago. At that time his name was familiar to all the homœopathic physicians of the West. In the years 1850 and 1851 there were but few homœopathic publications and books in the English language.

Among these in my library were: Hering's Domestic Physician, Samuel Hahnemann's Organon of Homœopathic Medicine, translated in the year 1849, from the last German edition, with suggestions and additional introductory remarks by

Constantine Hering, M. D. Third, How to study Materia Medica and the Effects of the Poison of Serpents. Fourth, Chronic Diseases, their Specific Nature and Homœopathic Treatment, with a preface written by Constantine Hering.. Fifth, Jahr's Manual of Homœopathic Medicine, in two volumes, with improvements and additions by C. Hering. Also Jahr's New Manual of Symptomen, covers over two thousand pages in two volumes, with a preface from Hering, of twelve pages, written in 1848. I regard this work of great value to the practitioner of Homœopathy as well as to the student of medicine.

In February, 1851, the first number was issued of the North American Homœopathic Journal, a quarterly magazine of one hundred aud forty-eight pages, devoted to practical and scientific articles. Constantine Hering was the editor-in-chief. Each number contained several articles from the pen of Hering.

From book acquaintance I had formed an exalted idea of Hering as a writer and teacher of Homœopathy. He was regarded as a practitioner of medicine second to none. In the year 1863 I formed his personal acquaintance, and since that date have often met him. He was a ripe scholar, refined by study and cultivated by extensive foreign travel, and familier with most of the leading homœopathists of the old world. He was at most times able and willing to instruct those who were thrown in contact with him. I regarded him a man of positive qualities, untiring in his labors for his profession, and true to the principles of Homœopathy. I well recollect a call at his office, several years ago; he was not in his usual social mood, but seemed very indignant that so many homœopathic practitioners in Philadelphia had deviated from the teachings of Hahnemann, and were practicing a mongrel system of medicine. He exhibited to me a list of homœopaths on one page, and the other class on the opposite one. He was so positive in his remarks in regard to their practice, that I yet recollect most of the names as they appeared on the different pages. It was a source of deep regret to him that so much

eclecticism was practiced by those who were so intimately associated with him in college and other work.

Mr. President, we all might have asked that a man so intellectual, so gifted a character, so true to his profession, might have been spared a little longer, to have finished the work he was engaged in, and so nearly completed, but the Great Physician called him to a nobler and higher sphere for future labors. Waiving from the occasion all utterance of private sorrow, we unite this evening with our brethren in other cities, assembled at this hour, in placing high on the roll of professional honor the name of Constantine Hering.

Dr. Clausen moved the adoption of the resolutions, which motion was carried.

In conclusion, it was moved, and carried, that copies of the proceedings be sent to the secretary of "The Hering Memorial Committee," at Philadelphia, also to the MEDICAL ADVANCE. —A. C. BUELL, M. D., Secretary Cleveland Academy of Medicine and Surgery.

Naevus Maternus.

I enclose you sample of hair, six inches long, which I clipped from the lower part of the spine of a girl eight years old. It appears that when the mother was two months pregnant, the father was brought home supposed to be dead, from the fall of a limb, striking him on top of the head. When the babe was born there was a prominence where this hair grows, which would gather and discharge two or three times a year, or as often, and at the same time as the father's head did. Finally, when the child was about two years old, the head healed entirely, and so did the child's back, since which time neither have discharged.

The hair, which is a trifle lighter color than that on the father's head, grows out around prominence, from six to eight inches long, about every six months.

The case is a most peculiar naevus maternus.—A. E. GESLER, M. D., Saranac, Mich.,

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Health. By Prof. J. F. Elsom, Forrestville, N. Y.

TO THE EDITOR OF THE ADVANCE:—Owing to a great misfortune, beyond my control, which befell me a short time ago, I have been unable to complete my investigations on "the motion of the heart," sufficiently far to give you further observations this month, but will have it ready in the near future. In view of this I beg the patience of your readers, of this noble profession, while I talk a little upon the general subject of health.

A short time ago, when upon the wings of the winds, age upon thought itself, there was heralded over and across this continent the solemn news that a great and good man lay dying in Berlin, where he had been sent to represent the interests of this fair but vast country of ours, among potentates abroad. When his physician, after repeated visits, finally told him he "must die," then the people both there and here began to pay attention to what physicians told them, and the illness and subsequent death of this noble American may be said to have secured recognition of the important fact that typhoid fever, diphtheria, and a long train of kindred diseases are propagated by tainted air.

The foe which assailed one of our congressmen a short time ago, crept up in darkness, from a defective sewer. The same insidious enemy is forever poisoning others, and the disease baffles the skill of our most eminent practitioners. The mother

whose little ones are daily clothed in silk and fine linen, on whom a breath of fresh air is not allowed to blow all winter through, except when wrapped from head to foot in furs and soft woolens, they take their daily promenade or drive, wonders when the dread disease makes its appearance amongst them.

It has been my lot, of late years, to be often called—sometimes hundreds of miles from home—to look into and examine the sanitary conditions of private, as well as public institutions, which, though pleasant, were still unhealthy, and amid their palaces of "splendor and pomp," I have often found the foe lurking in the cellar, where, maybe a bit of butter, a shred of meat, yes, a scrap of potato paring, has been dropped from time to time by careless hands, and lies festering to send up poisonous gases into the household.

Decaying vegetation, and those first beginning to sprout, are alike dangerous, and every gas germinated in the cellar rises surely by day and night into the rooms above.

It is alarming, brethren, how easily scarlet fever and diphtheria—those dreaded scourges of childhood—may be propagated, and we, unable to stop the sobs and tears of parents, and bid them hope. Who in the tenement house, except the mother of the sick child, stays at home because the child has the fever? And so your Irish nurse may sit next to some one at mass, coming from such a room, bringing home to the child, whom, perhaps, she loves with her whole heart, the seeds of death in her shawl. The cat or dog, rambling at night, may catch the dreaded spores in its coat, and hand them over to its human playmates in the next day's romp. My profession calls me to places and scenes of this kind many times in the course of the summer season.

An intimate lady friend, my amanuensis for years, had occasion, while going from my city office up town, in a hurry, to hail a street car on one of the principal lines, and, on getting in, was surprised to find it empty. She paid her fare; several other persons entered and did the same, the conductor acting as though all things were just right. Arriving at her destination, she noticed the check-string was broken; but she

went her way, and returned to the office with no misgivings. The next morning she was horrified to find in a daily this paragraph:

"Yesterday, in a crowded street car on the ——— line, one of the passengers broke out all of a sudden with the small-pox. A panic ensued. Several gentlemen pulled the check-string at once so violently that it broke. In an instant the car was deserted. The person with the small-pox was taken at once to the hospital, but through the neglect of some one, the car was allowed to remain on the track for several hours." In due time the lady, who luckily had been vaccinated, had a severe attack of varioloid.

Physicians, you are often blamed for negligence and ignorance, when, if the truth was known, had proper precaution been taken, you would have not been needed, and the hardest of all hard cases is one among the filthy and ignorant, from which we pray to be relieved.

STATISTICS OF HOMŒOPATHY IN UNITED STATES.—The American Institute of Homœopathy is sufficiently broad in its scope to include every homœopathic physician, as well as institution, in the United States. Its publications should be so valuable that every physician should feel it essential for him to possess them, and its associations so extensive and important that every member of our school would wish to be connected with it.

One other national society, the American Ophthalmological and Otological Society, has been formed, and as this society covers over precisely the same ground occupied by one of the bureaus of the Institute, it is questionable whether the work can best be done in one or two societies. Twenty-three state societies are reported, and seventeen of these have received Acts of incorporation from their several States. Ninety-two local societies and seven medical clubs are reported. Some of these meet regularly and frequently, and are of great service. There need be no question as to the importance of local societies, in a profession whose

practice, as a rule, keeps its members apart. The daily life of every physician finds observations and experiences valuable to his associates, and in no way can these be more usefully related than in the frequent and informal meetings of local medical societies. To make these successful, the first requisite is an earnest, faithful, working, secretary, who will urge members to be present and offer their experienecs and thoughts at the meetings. No one thing has given greater surpise and pleasure than the individual and aggregate reports of the different hospitals and infirmaries. Of the thirty-eight hospitals under homœopathic treatment, twenty-seven have made reports. These contain 1,682 beds, and in the past year have treated 14,749 patients, with a mortality of 377, or about two and a half per cent. The cost of establishing and building twenty-one of these hospitals, has been $1,549,175. In addition to these there are other hospitals, built by States and cities at large expense, such as the Ward's Island Homœopathic Hospital, which would largely increase the aggregate amount of cost.

The need for additional homœopathic hospitals is felt in nearly all our large cities, and though oftentimes the magnitude of the work seems to paralyze and discourage effort, yet everywhere there are generous patrons of our system, who need but to be asked in order to render their aid in charitable hospital work. Of the twenty-nine dispensaries twenty-five have reported the work done this last year. These have treated 117,564 patients, with 282,772 prescriptions. One hundred thousand people have in the past year received through these charities the blessings of Homœopathy.

The work done by medical colleges for the community is little thought of, or greatly underestimated; and we hardly realize the importance to homœopathy of our medical schools. The number of physicians that change to homœopathic practice after having received their education, and established themselves as allopathic physicians, is comparatively small; though there are brilliant exceptions to the rule. It is greatly to the credit of Homœopathy that in many instances a change of practice has turned failure into success. The knowledge of homœopathy gained by this class of physicians cannot equal the careful and systematic training given in our colleges.

In the eleven homœopathic schools, 1,192 students have been in attendance, and 387 have been graduated the past year. The whole number of alumni belonging to these colleges is 4,922. Sixteen homœopathic journals are regularly issued in the United States. The cost of subscription to all of these is $33.50 per annum; the number of pages furnished is 8,784; the number of copies published is 23,450. All of these journals present valuable ideas and facts which the physician can hardly afford to be without; yet, if the several journals were more freely sustained by the profession, hey could undoubtedly be greatly improved in character. The most

complete list of homœopathic physicians in the United States is that kept by the New York Homœpathic Mutual Life Insurance Company, which contains now about six thousand names.

PHARMACY SIMPLIFIED.—I do not know what will become of advertising druggists, especially those who are showing *new* articles, fancy pharmacals, or compound nostrums, and I hardly know what will become of the advertising journals who find this their principal support. Their days are numbered (say ten years at furthest), the coffin ordered (brumagem silver trimmings and door plate), and their funeral sermon written.

It would be better that, like Crocket's 'coon, they, they would come down without the shooting, but then they have not the honesty of Crocket's 'coon.

The time is coming when the large majority of remedies (vegetable substances) will be prepared as simple tinctures, oz.viij of crude material to the pint. The process will be that of percolation (occasionally pressure), using alcohol of right strength for the extraction of the medicinal principles. The process is so simple "that the wayfaring druggist or doctor, though a fool, need not go astray." And the results will be so definite, and the remedies so perfect, that the coming physician will wonder what manner of men his predecessors were to be satisfied with such crude and worthless medicines.

In those days physicians will find that they can do their own prescribing, and will give the druggists, who take such delight in getting up "compounds" and "preparations" a back seat. Why should we allow a man without medical education to prescribe for us? If any one can answer the conundrum I will be obliged.

I am free to say that I can not see the difference between the nostrums advertised in medical journals, and certified to by prominent physicions and professors, and the nostrums advertised in religious journals and certified to by preachers of the gospel. I may be very dull in this matter, probably I am, and if any one can solve the question satisfactorily, we will be obliged.—*Dr. Scudder, Eclectic Medical Journal*

CONCERNING MEMPHIS.—A little less than twelve months ago, at this very season, the iron rusted in disuse on our great railways. Silence and emptiness waited at our wharves, and rank grass grew in our deserted streets. The iron key of quarantine locked in the few braves that remained; the rest, for the greater part, were scattered in distant communities, waiting with anxious hearts for the signal to return. The hum of industry, the whir of machinery, the voice of gladness—these were all hushed. In our courts silence and solitude rested. Our institutions of learning were voiceless and vacant. The houses of worship, the temples dedicated to Almighty God, stood closed in melancholy gloom. Only the medicine

men and their nurses and the inevitable undertaker found employment. Only the groans of the sick, the despairing cries of the dying and the sound of the death cart broke the dismal silence of that awful time. But now how changed! Gladness claps her hands with joy, and "pleasure waves her pinions wreathed with flowers." Commerce knocks at our doors for admission; activity and energy prevail in every branch of business and in every vocation, and we are actually taken by storm with this vast multitude of friends and guests. Toward the Christmas holidays of 1878 this people stood face to face with 6,000 new-made graves, the death-harvest of the great epidemic of that year. We now have thirty-two miles of sewerage and drainage. In connection with these important works a large amount of auxiliary work has been done the whole constituting a system, which will prove an effectual safeguard against a recurrence of those distressing plagues that have scourged this locality. New and substantial streets have been and are bring constructed.

M. DE. LESSEPS does not believe in the efficacy of quarantines. He recalls that in 1834-5 in Egypt, although the foreign consuls managed the quarantine on the coast, they were unable by the most severe precaution, to prevent the introduction and development of the worst plague that ever ravaged the Orient, carrying off in eight months one-third the populations of Lower Egypt, particularly around Alexandria and Cairo, while it made no victims in Upper Egypt, although there was daily communication beween the two parts of the country. He believes that sanitary precautions, improvement of food, air, and water, cleanliness, and temperance are the best preventives against contagious diseases.

THE COLOR OF OZONE.—A paper recently read before the French Academy of Sciences contains some interesting facts relative to the liquefaction of ozone. A reservoir containing oxygen, at a temperature of 9·4° below zero (Fah.), is charged with ozone, and pressure applied by a column of mercury acted upon by a hydraulic press. Immediately the gas begins to turn to an azure blue color, deepening the shade as the pressure increases. The liquefaction of ozone was obtained by applying a pressure to be ozonized oxygen of 75 atomspheres, while 300 atmospheres of pressure would have been required for pure oxogen. The fact was also established that ozone is an explosive gas, since, unless compressed slowly and at a low temperature, it exploded with a yellow flame. Its heavenly blue color was rendered manifest not only under heavy pressure, but under all circumstances.

INFECTED CIGARS.—The occurrence of occasional cases of syphilitic sore mouth, among cigar smokers unwilling to admit any other source of con-

ings. He starts out with the character of a scientist, and degenerates into a partisan. Dr. Wesselhoeft has done us some good service, but he is evidently incapacitated from successfully carrying on the work he has begun. To other hands must be relegated the task, and we shall look for most important and valuable additions to this department. By all means let us know all that the microscope can reveal of the effects of triturations upon metals! What it can prove and what it can disprove are two very different things.

Pharmacopœa Homœopathica Polyglotta. Edited by Dr. William Schwabe, Leipsic. English edition. Boericke & Tafel, New York.

We can not speak too highly of this excellent work. The author is one of our best known, most learned and experienced of our pharmaceutists. We have here a concise statement of the methods of preparing each of the drugs of our materia medica—surely a valuable knowledge. It is presented in admirable form by parallel columns in English, German, French, Italian and Spanish. The work is most beautifully gotten up in the best style of the publishers.

A Treatise on the Medical and Surgical Diseases of Women, with their Homœopathic Treatment. Fully illustrated. By Morton Monroe Eaton, M. D., Cincinnati. Boericke & Tafel, New York.

We have before us a handsome volume of nearly eight hundred pages, with fine paper and type, and a wealth of illustration rarely seen in works of this kind. Starting in with the preface, we find only a perfunctory piece of work, that is, a preface because the author evidently thought he must have one. It will not impress the reader favorably. The reasons assigned for writing his book are pretty thin, and will not pass as valid. If the remainder of the work were no better it would'nt pay to read it. The frontispiece is a striking picture. Plate 1 seems to be original drawing, and a very excellent one it is, too. It represents a "front view of uterine (female genital) organs in their normal position." The "Introductory" starts out with this curious statement: "To-day the diseases peculiar to women are daily brought to the attention of the general practitioner of medicine." Well, so they were yesterday, and the day before, and for ages so far as we know. We do not believe with the author, who says, "It is a fact that these diseases are on the increase to an alarming extent, and bid fair to seriously affect coming generations physically and morally." This is special pleading, and needs statistics to prove it. The rest of the Introductory is crammed full of facts and theories considerably mixed up. From chapters I to XI, inclusive, we have normal menstruation, amenorr.

hœa, menorrhagia, metrorrhagia, dysmenorrhœa, vicarious menstruation, etc., etc. Then at chapters XII and XIII we find the author diverging into a discussion of homœopathic remedies, particularly attenuations, and a long and well illustrated chapter on instruments. This is all well enough, if it did not seem so out of place. The chapter on remedies is not needed in the book. It should be thrown out with the Preface. We greatly admire the author's persistence in condemning hypodermic injections of *Morphine*, but we are by no means pleased with the way he generally disposes of treatment. The student does not care to be told so frequently to go to the Materia Medica for indications. This book should contain indications in full, and not give a dozen or more drugs by name, from which to select by studying other books. This is a great drawback from which there is occasional relief. The author was formerly an allopath, and has probably done his share of that sort of treatment of diseases of women. He has found a better way, and he has very fully explained his present views. That it is much better than his former views, and his practice much improved, and his success greatly increased, no one can doubt. But we ask, in all candor, can not Dr. Eaton move still further forward? It seems surprising that we have not before had works of this sort—we mean systematic treatises on gynæcology Eaton is a pioneer beyond a doubt. That he has done remarkably well we have no doubt. He has written a book that will sell. It will do many persons much good to study it. But, as a matter of fact, it is not a representation of homœopathic practice in this specialty at its best, and in its completest form. Still we have nothing so good as this, and in this shape. We like it, and hope to like the second edition better.

A New Case Record, General and Gynæcological, for Chronic and Acute Cases, and a Complete Obstetrical Record. By Joel A. Miner, Ann Arbor, 1880.

This is an excellent adjunct to the physician's work. If such records, are carefully kept as they should be, there will be great service rendered to medical science, but still greater will be the benefit to the doctor who keeps his cases so recorded. Orders for this book may be sent to Mr. Miner as above.

Is Consumption Contagious, and Can it be Transmitted by Means of Food?

This interesting question is fully discussed by Herbert C. Clapp, M. D., of Boston, Editor of the New England Medical Gazette, in a work shortly to be issued by Otis Clapp & Son, and we bespeak for it the attention of our readers.

Nov-4

EDITOR MEDICAL ADVANCE:—A new book has been issued from the press of C. B. Beach & Co., of Chicago, to which I would like to call the attention of the profession. It is entitled, "The Feeding and Management of Children," etc. By T. C. Duncan, M. D.

It ought to find a place in the library of every physician, and they should try to have it placed in the hands of every young mother in their "bailiwicks," and as many others as possible.

It is full of information, for which the busy practitioner will look in vain, in his medical books; and, unless he is able to evolve it from his own stock of general information, some poor child may suffer for his lack of that knowledge; particularly is this the case in regard to the character and composition of the many kinds of children's food there is in the market.

To the young mother it is simply invaluable. She usually is guided by the advice of some old lady, who is the mother of twelve children, eleven of whom died in their infancy, and the other barely escaped. She therefore claims that "she knows more than any doctor," as they, being men, never had any babies. All know how utterly futile it is to give advice to such persons. How often do we find them feeding the child on fat pork, rich soup, molasses and water, etc., before they are an hour old, on the plea that they are hungry. Many are washed nearly to death, then bound up in heavy and strong bands, sometimes two or three of them, extending from the axillæ to the pubis, drawn as tightly as possible, and then pinned, so as to draw them a little more, and then, as if that were not torture enough, they are wrapped in blankets, covering their heads closely and then thrust under the bed clothing, beside the mother, utterly regardless of the fact, that they are air breathing creatures, and must have air or perish. Here what little air they have, is contaminated, with the smell of the discharges from the mother. Not a particle of pure air is allowed them. The wonder is that any survive.

It is stated that one-half the children that are born, die before reaching the mature age of five years.

When we consider the ignorance displayed in their care, we are not surprised at the number, but rather that it is not greater. Every homœopathic mother in the land should first secure one of these books for herself, and then constitute herself a missionary society to introduce it, not to the heathen, but to her neighbors. It will do more good to the cause of humanity than sending missionaries to Boorio Bhoola Gha. The publishers have done their whole duty in getting out the book in a presentable shape. Indeed, it looks so well, that we are tempted by its very appearance to take it up, and examine it.

The treatment recommended is, in the main, very good. However, we would not like to give nutmeg tea to a babe with the hiccups.

We wish we could stop with these words of commendation, but we feel compelled to notice some of the shortcomings of the author.

If he should treat the little ones under his care, as badly as he does the English language, he would be a very Herod. Let us suppose that one of the intelligent young homœopathic mothers should start out on some bright afternoon, on a missionary tour. The first on whom she calls is a very intelligent lady, the mother of two or three little darlings, who have been dosed with soothing syrups and all such abominations. Our young missionary feels that if she can put this book in the hands of their mother, she will be doing them a great good.

The lady takes the book, and opens it at random, and, near the bottom of the sixty-fourth page she reads the words, "child better be fed entirely.' Her lips take the faintest perceptible curl. She again opens at page 77, and reads: "It may start hard, and then flow easier." Her lip now curls very perceptibly. She then makes a dash at the latter part of the book, and opens at page 411, where she reads: "Besides learning it the habit, etc." She then turns to the title page, to see who is the author of such a mass of learning, and finds that the author has written books before, that he is the editor of a medical journal, and is also a member of several learned societies with hard names, and ought, therefore, to be a man of learning. While turning over the leaves of the book, she has discovered the fact that he is a homœopathic physician. She returns the book with a sneer, and the cruel remark, "that the book only proves what she has always thought, (*i. e.*) that homœopathic physicians were all ignorant charlatans." Her physician, who is a very learned and honest man, always told her so. She does not want the book. Our missionary is tired of the missionary business, and proceeds no farther in her benevolent work, but returns home a sadder woman, and wonders why such men as Dr. Duncan allow themselves to write books in such a careless style. We all wonder, as we believe the Doctor could do much better.

We wish to take exceptions to the mode of preparing cows' milk, to imitate human milk. Not so much to what Dr. Duncan says as to that recommended by the profession generally. Dr. Duncan says: "It is impossible to give very definite general directions." He gives the methods adopted by several other authorities, from amongst which you can take your choice —Guernsey, Ruddock, Smith and others, recommend equal parts of milk and water. Steiner uses one-fourth water. Some use one-third water.

Let us examine the analysis on page 93, and we will see that human milk sometimes has more, and sometimes less water than cows' milk, and the maximum difference is less than five per cent. Then why make it slop by adding one hundred per cent of water? A pint of milk, and a pint of water added together do not make a quart of milk. When the child drinks a quart of the stuff, he will have taken a pint of milk with its proportions unchanged.

When comparison is made between human and cows' milk, as to the amount of sugar of milk in each, the above mentioned table says that human milk contains sometimes more, and sometimes less, than cows' milk, and the difference either way is only about one-half of one per cent. If, therefore, sugar of milk is added, it should be in very small quantities.

Cane sugar should not be used for spare and acid children, as it increases the tendency to sour on the stomach. We can not understand the author's arithmetic, when he speaks about condensed milk. He says that it is concentrated to about one-fifth of its original bulk. To restore the original bulk we would therefore add four times as much water as there is of condensed milk. But the author says, "that if it be diluted by adding ten or twelve parts of water, it will make good milk of ordinary strength. It looks very much as if that would be half, or less of the original strength. He then directs that "one teaspoonful of condensed milk be added to twenty-six or twenty-eight parts of boiling water." That looks pretty thin; it is more than four times as much water as milk. We think that condensed milk, because it contains a large amount of cane sugar, should not be given to acid children We hope there will be a new edition of this valuable work published soon, in which some attention will be paid to a correct use of our mother tongue.

Allopaths are very free in charging us with ignorance. Our writers should be very careful not to give them a chance to point to their writings, as proof of their assertion.—T. C. HUNTER.

RECEIVED.—Special Treatment of Naso-pharyngeal Catarrh. D. H. Goodwillie, M. D., New York. Pp. 8. A pamphlet describing operation for removing the thickened membrane formed in some cases of catarrh. The principle seems to be to form a cicatrix over the annoying surface. This non-secreting membrane will, of course, remove the cause of the irritating discharge, but is the after condition less annoying than the first?

RECEIVED.

THE FEEDING AND MANAGEMENT of Infants and Children, and the Hom. Treatment of their Diseases. By T. C. Duncan, M. D.

A PRACTICAL TREATISE ON NASAL CATARRH. By Beverley Robinson, A. M., M. D. New York, Wm. Wood & Co.

Editor's Table.

DR. GEO. L. STONE has moved to Keokuk, Iowa.

DR. T. F. POMEROY has settled in New York City.

THE HOMŒOPATHIC DEPARTMENT of Michigan University has upwards of eighty students, and among them ten ladies. This is a considerable increase over any former session.

MANY OF OUR SUBSCRIBERS have, no doubt, ere this received a copy of the circular of Dr. George B. Peck, Jr., Chairman Bureau of Obstetrics American Institute of Homœopathy. We bespeak for it careful attention, and hope it may call out from each one the reformation sought. It will not be the fault of the chairman if this bureau does not make a grand showing at the next meeting.

WE SELDOM get information direct from any of our colleges. The officers of all alike seem not overburdened with enterprise. We would like the exact number of students in attendance on each school, on November 15, 1880.

A CASE of *Opium* poisoning is reported in the *Southern Clinic*, due to the use of Dr. Bull's Cough Syrup.

THE EFFECTS of excessive indulgence of *Alcohol* in England, result in the death of one hundred and twenty thousand persons annually; forty thousand five hundred due directly to its influence, and seventy-nine thousand five hundred due indirectly, because of necessaries of life not procured, but the means spent in intemperance,

TO DRAIN LANDS.—Drink whisky and spend all of your time at the village saloon.

BORN to the wife of Dr. A. N. Ballard, a boy.

DR. F. SEEGER, of New York, has been elected an honorary member of the Royal Adelphotes Syllogues of Athens, Greece, a society for the amelioration of the condition of the oppressed Christians in Turkey. The society was organized by Her Majesty, the Queen of Greece, and is under her direct Presidency and patronage. Dr. Seeger's reply, after acknowledging his sense of the honor conferred, concluded by saying: "It is quite unnecessary, I think, for an American to say that his sympathies are on the side of freedom and justice, nor that American sympathy has been deeply stirred by the reports of the cruelties and barbarities inflicted upon the oppressed Christians in Turkey. God speed, I say, the noble work of the Adelphotes Syllogues, and may Heaven shower its most bounteous blessings upon Her Majesty, the Queen, for the nobleness which prompts her to inspire and animate its labors."

THE ANNUAL MEETING of the Vermont State Homœopathic Medical Society was held at Montpelier, October 20 and 21. The meeting was called to order by President Brigham. The following persons were presented by the board of censors and elected members: Drs. C. A. Gale, Rutland; Clara P. Reed, D. A. Whittlesey, C. J. Farley, D. H. Roberts, G. M. Ockford, C. P. Holden. The following were appointed a committee to prepare resolutions on the death of Dr. Constantine Hering: Drs. Gale, Jones and Waugh. Officers elected for 1880-1: President, Dr. T. R. Waugh, St. Albans: Vice-President, Dr. S. H. Sparhawk, St. Johnsbury; Recording Secretary, Dr. C. S. Hoag, Waterbury; Corresponding Secretary, Dr. G. E. E. Sparhawk, Burlington; Treasurer, Dr. W. B. Mayo, Northfield. Censors, Drs. J. H. Jones, Bradford; C. H. Chamberlain, Barre, and C. J. Farley, Swanton.

DIED.—Dr. P .H. Worley, of Davenport, Ia., Friday Oct. 22, 1880. Post mortem showed a carious condition of the left temporal bone. A good man and excellent physician.

THE National Board of Health has spent to the 30th of September, $325,830, with what advantage we fail to discover. $20,000 per month ought to profit the people from whose purses it comes.

HARTFORD, CONN., is adopting the system of heating many houses from a single generator of heat. Ten boilers will supply about one hundred private consumers with sufficient heat during the cold weather. It is thought each consumer will have a less expenditure than by the old method, besides avoiding much labor about his own premises, such as storing fuel and taking care of its combustion, and avoiding smoke about his house. Smoke consumers could be more practically employed at one large fire than at many small fires. We hope the system may become popular, and that the few unfavorable features that now exist may be remedied.

AN excellent opening is offered to a good homœopathic practitioner; one a member of the New Jerusalem Church would find congenial patrons at South Toledo, O.

ONE of the recent advances in the preparation of foods is that introduced in California. In certain parts of the Pacific coast there are tracts of land peculiarly adapted for raising large quantities of potatoes, and not available for other purposes. Previous to the process of drying potatoes the products of this soil were almost valueless, on account of the inaccessibility of markets for potatoes.

DR. HENRY A. MOTT recovered $8,150 damages, for a published article reflecting on his professional ability. The article was because of his analysis of injurious baking powders.

DR. J. W. HAINES has entered partnership with Dr. S. R. Beckwith, Cincinnati.

THE SANITARY PROTECTIVE ASSOCIATION of Newport offers competitive prizes for excellence in cleanliness: A prize of fifty dollars to the person, not the owner of the house occupied, who shall put his or her premises in the most satisfactory condition by January 1st, next, and keep them so until, the first of June. A prize of fifty dollars to the house-owner who shall do the most between September 1st, 1880, and June 1st, 1881, towards improving the sanitary condition of any occupied dwelling. Attention is to be given especially to ventilation of the house, dryness of the cellar, the water-supply, condition of cesspool or drains and of the exterior premises, including outbuildings. Advice as to the best means of affecting the conditions required will be cheerfully and gratuitously given.—DR. H. R. STORER, Secretary, No. 39 Washington street.

NOW THAT President-elect Garfield is a staunch homœopath we hope Homœopathy will receive a fair portion of the national patronage, such as appointments in regular service, favors from the National Board of Health appropriations, etc.

DIED.—Dr. A. O. H. Hardenstein of Vicksbury, Miss., Oct. 15, 1880, aet. seventy-three years, of gastro-enteritis.

"Dr A. O. H. Hardenstein was born in Greece, January 12th, 1807. His father was by birth a German, and a man of large and varied culture; his mother a Grecian lady of proud and ancient lineage. At an early age he was placed at the best schools, successively at Berlin, Bonn, and Marsburg, where he received a classical education. In the Medical Department of the University of Berlin he became a graduate of the allopathic system of practice. In 1828, his first duties led him to Russia, to study the treatment of cholera, and a full investigation of the system of allopathy applied to the disease proved that more than seventy-five per cent. of the cases were fatal. While in Russia he was first led to investigate the theories of homœopathy by close observation of cures wrought by the skill of a lady, the wife of a missionary and a pupil of Hahnemann. Astonished at her wonderful success in the treatment of cholera, he, on his return to Prussia, became a student of Hahnemann, and thoroughly impressed with faith in the new school, surrendered his allopathic theories of practice, and with all zeal adopted the Hahnemann system. In 1830, desiring to see the world, he for five years extended his travels over Egypt, Asia Minor, Persia, Afghanistan; also in South America and Mexico. In 1836 he settled in New Orleans. In 1840, through the persuasion of friends, he removed to Kentucky, and there, in 1843, distinguished himself by his treatment of typoid pneumonia, then an epidemic. The same year he married Miss H. E. Haven, of Cincinnati. In 1849, concluding to visit California, he started West over the plains. He was detained in his journey at St. Joseph, where, with infinite success, he administered to the many attacked by the cholera epidemic then raging. In California he displayed skill in combating the same disease. Having returned East, he, in 1854, located at Cincinnati, where he remained until, in 1858, induced by the Hon. William L. Sharkey, he removed to Jackson, Mississippi, and there became the pioneer of Homœopathy. He thence removed to Vicksburg, where he established a large practice." His refinement and amiability have won for him the esteem and affection of his patients, as well as of a

large circle of friends. He was one of the very few remaining pupils of Hahnemann. His remarkable success in the treatment of yellow fever, during the great epidemic of 1878, is doubtless known to all our readers.

EDITOR MEDICAL ADVANCE:—Dr. A. O. H. Hardenstein, of Vicksburg, Miss., after a short illness, died on the 15th inst., from gastro-enteritis, aged seventy-four years. He was one of the most successful homœopathic physicians in the South, and enjoyed a very large and lucrative practice. This leaves Dr. Thos. Harper the only representative of our school in Vicksburg; and he is already past three score and ten, and unable to attend to any out-door patients. A better opportunity for a good homœopathic physician to establish himself in the sunny south can not be found. Respectfully yours, BOERICKE & TAFEL, New Orleans, La.

WILL some physician please answer the following questions: First, Of the many different mortars, which are best suited for making homœopathic triturations—Wedgewood, porcelain glazed outside only, or porcelain glazed outside and in? Second, How do you clean a mortar?—STUDENT, Pierson, Mich.

EDITOR MEDICAL ADVANCE:—I wish to purchase an interest in some practitioner's business, in a large city. Can you direct me as to whom to apply? Any informatiou communicated strictly confidential.—D. H. G.

Any communications addressed to above initials, care MEDICAL ADVANCE, will be given to the applicant.—ED.

IT is thought the famous London fogs may be removed by using the hard anthracite coal of this country. With such an increase in the mortality as the fogs are credited it seems reasonable that England ought to import her coal if the evil can thus be overcome.

DR. J. H. MCCLELLAND, Pittsburgh, Pa., reports the successful performing of that rare, recent aud capital operation, nephrectomy, to the Pennsylvania Homœopathic Medical Society.

THE Chairman has appointed the following physicians on the bureau of clinical medicine of the International Hahnemannian Association for the meeting to be held in June, 1881. Each member is at liberty to select and write upon whatever medical topic pertaining to the subject he may see fit.

Wm. P. Wesselhoeft, M. D., Boston; T. F. Smith, M. D., New York; Samuel Swan, M. D., New York; Geo. F. Foote, M. D., Stamford, Con.; L. M. Kenyon, M. D., Buffalo; J. P. Mills, M. D., Chicago; Ed. Rushmore, M. D., Plainfield, N. J.—C. PIERSON, M. D., Washington, Chairman.

THE officers of Homœopathic Medical Society of Ohio were elected each for the official year, later than that given in the last proceeedings after 1875, *i. e.*, 1877–8, 1878–9, 1879–80, 1880–1.

CINCINNATI MEDICAL ADVANCE

T. P. WILSON, M. D., EDITOR. ANN ARBOR, MICH.

J. P. GEPPERT, M. D., ASS'T EDITOR CINCINNATI, O.

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PRACTICE vs. PROFESSION.—A little girl once spent a whole week in learning a text of scripture, and went to Sunday school in the morning and recited it. It was this: "Blessed are the merciful for they shall obtain mercy." In the afternoon she became mad at her kitten, and beat it almost to death. It was clear that she did not see any relation between the sublime ethical truth of the text and her every-day duties. She was, in fact, much like the Irishman who bought a saw and used it for a long time with its back down. When asked what he thought the teeth were made for, he said, "I suppose they are there for ornament, to be sure." And this is exactly the use made by some physicians of the law *Similia*. They are good on the theory of its application; they even write learnedly about it; on public occasions they swear by it; they glibly repeat the formula as a shibboleth, but they go home and give *cathartic pills* for constipation, and *Quinine* for ague, and *Morphine* and *Chloral hydrate* for pain, and, in short, on the slightest pretext they do anything and everything but follow the law of *Similia*. When you talk about bringing disgrace upon our school, and causing the honest cheek of intelligence to mantle with the blush of shame, you should look at these men who talk like homœopaths and act like allopaths. They are the men who prevent multitudes from embracing the truth. When an intelligent allopathic physician finds his professed homœopathic neighbor as deep in the mud as he is himself in the mire, he has little to encourage him in making a change of prac-

tice. We are not allowed to say that these men do not understand Homœopathy. Well, if they do understand it, why don't they practice it? Suppose we had a full report of their daily prescriptions, what would it show for Homœopathy? Now, we do not object to these men pursuing any course of practice they choose, but we do object to having Homœopathy measured by their acts. Every tub should stand on its own bottom. Honesty demands that a man's acts should not belie his professions.

WHAT CAN WE DO FOR THE SICK?—We answer: sometimes much and sometimes very little. Let us look a moment at the various diseases we are called upon to treat. We may safely make the following estimate: In one hundred cases, seventy-five per cent are self-limiting, three per cent are incurable, and twenty-two per cent are curable. A self-limiting disease will naturally terminate by resolution. An incurable disease is sure to die, do what we may. Are we, therefore, restricted to the twenty-two per cent in the application of our remedial agents? Let us see. As physicians we can do for the sick these three things: first, we can palliate; second, we can modify; third, we can cure. To this first proposition there will be general consent. To the second there will be entertained some honest doubt. To the last there will be a wide spread incredulity. We can point to only one class of men who firmly believe the last of these three propositions. Undoubtedly the first thing to be done with many of our patients is to palliate their sufferings. They demand immediate relief from pain. It was thought to be a great discovery in medicine when narcotics and anæsthetics were added to the materia medica. We all know what high rank *Opium* has long held as a soother of pain. *Chloral hydrate* has of late divided honors with this old time agent. It does not, however, require any argument to prove that both these remedies have done vastly more injury than good. They cause more suffering than they cure. They will, therefore, be both avoided by the intelligent physician. We have far more potent and valuable agents to use in giving relief to our suffering patients. They are, first, mechanical adjustment; second, heat and cold; third, the indicated remedy. In general, the latter agent comes first. If it be properly applied, it will often be sufficient to assuage the greatest suffering within the briefest time. To this, heat or cold may he added with propriety and benefit. All other modes of instant relief will generally be mechanical—possibly sometimes chemical action may be instituted. We do not propose, in this brief paper, to illustrate these statements. As many of the readers of the ADVANCE are believers in what we have stated, we solicit from their clinical records, reports of cases which substantiate the foregoing. What can be done for the instant or rapid relief of our patients suffering acute pain? Will those who do not use narcotics please answer, and illustrate?

The Repetition of the Dose. By Dr. Ad. Lippe.

As homœopathicians, we accept the fundamental principles governing our school of medicine, viz: the law of the similars, the single remedy, and the minimum dose. When we apply these accepted fundamental principles for practical purposes, new and important questions arise, and we naturally desire a satisfactory solution of such new questions. The most vital question is that of the repetition of the dose. We have learned to select for each individual case of sickness, the most similar remedy; we have learned that we must administer it in the minimum dose, that is, in a dose just sufficient to cure, and while so far our individual judgment did not come into requisition, while so far we followed the dictates of immutable laws, we now arrive at a point where our individual judgment must be applied. The only rule, so far laid down by our great Master is, never to repeat the dose or change the remedy till the effects of the dose administered has been exhausted. This excellent rule can not be applied by trying to limit a fixed time for the effect of the dose of the various remedies administered; it would be an error to take it for granted that one remedy will exhaust its action in one day, while another more potent remedy will only exhaust its action in many days. When we ask the question, how long can a dose of crude or attenuated, potentized medicine, act on the organism, the answer can only be obtained by investigating the duration of the sick-making power of either the crude or potentized drug. The careful observer will perceive that the higher the drug has been potentized, the longer its sick-making action will continue; he will also perceive that different individuals are differently, but similarly, affected by the same drug; that there is no certain, uniform time of its sick-making power on all persons alike. This point having been fully ascertained, we are surely not to be expected to determine a priori how long a dose will act when administered under our law, for the cure of the sick; we must then bring our individual judgment into requisition, to find unerr-

ing guides to show us when the action of a medicine administered, has been exhausted. Again, we turn first, to learn from the sick-making powers of a drug, in what manner this power is developed and continued for some varying time. We, or rather our individual judgment is led to make these investigations because we are governed exclusively by the law of the similars; while we have learned to ascertain with positive certainty, in what manner each drug differently affects the organism; how each drug produces its own individual sick-making effects on the organism, we have also learned to observe that drugs do no more develop their sick-making power at once, than do noxious influences cause at once a diseased condition, or, in other words, artificial diseased conditions do not generally follow immediately the taking of a drug for proving, nor does disease show itself immediately after we have been exposed to noxious influences. We will further find that in many instances a single dose of a highly attenuated medicine is capable of causing sick-making effects which not unfrequently continue for weeks, but do not begin to show themselves fully till the third day after this sick-making drug has been taken. If we find these propositions to be correct, we will find them very important helps in solving our proposed question. If we further accept the observation that the organism suffering from disease is much more easily affected by drugs than is the healthy organism, we enter on our investigation, well prepared to apply our individual judgment in each individual case.

When a case of sickness presents itself for homœopathic treatment, we know how to find the similar remedy; we have found it after careful comparisons between the symptoms caused by the disease and the symptoms caused on the healthy organism by the sick-making powers of a drug. How will we then best administer this potentized drug? If we accept the above propositions, we will administer a single dose, and wait for the results. The expert prover of potentized drugs knows that he has always experienced some positively ominous symptoms, almost immediately on taking the drug, as if he were assured of a beginning action of the drug

taken, and so will the experienced physician very frequently observe such ominous symptoms, on administering the homœopathically curative remedy. Most of these ominous symptoms observed on the sick, are those of the mind; the countenance, the mirror of the mind, changes for the better; or sleep immediately follows the administration of the curative remedy, or overloaded organs disgorge their contents immediately; for instance, after overloading the stomach, the pains and deadly sickness indicating a dose of *Nux vom.*, this remedy will almost, as soon as it touches the tongue, cause vomiting, and, by it, a relief of the suffering. If such ominous symptoms have appeared, the curative action of the drug administered may be confidentially expected to develop itself, and such action is most likely to be of long continuation. If an improvement soon follows the administration of a remedy, and does continue only for a comparatively short time, say in an acute disease only twelve to twenty-four hours, or in a chronic disease only a few days; then, if the same symptoms for which the remedy had been selected continue, a repetition of the same drug becomes advisable, and a solution of the drug in pure water, administered in small quantities, at short intervals, will best serve the purpose. When it becomes apparent that the drug action has been fully developed by such a repetition, no more medicine should be given, and we will generally accomplish the desired result; as soon as new symptoms, belonging to the drug, not previously observed on the sick, appear, it becomes evident that the drug has fully developed its action, and then its administration should be discontinued, and not be resorted to till this improvement ceases altogether. If the improvement following the administration of the single dose has continued for a considerable time, in acute diseases for days, and in chronic diseases for weeks, and then a slight aggravation of the former symptoms follows, we should well pause for a short time before we resort to the repetition of the dose, as this slight aggravation frequently corresponds with our observations when proving drugs, when not unfrequently the first series of symptoms caused by the administration of the single dose, have fully ceased for

days, and are then followed by a repetition of the previously observed symptoms in a lighter degree; very frequently this, as we might call it, second aggravation, or demonstration of the drug action will disappear by itself, while the administration of a second dose would, in such a case, cause often unnecessary sufferings, and certainly a delay of a cure. If a repetition of the remedy becomes necessary, it is always advisable to change the dose, and not give the same potency in repetition. A frequently repeated dose may become exceptionably necessary, and will just as exceptionably be followed by a satisfactory cure of the sick. The very necessity to frequently repeat the dose shows clearly that the resisting powers of the organism are not strong enough to overcome the disturbing causes producing the disease under the assistance of the single dose, rarely administered. If this frequent repetition of the medicine removes the symptoms indicating its administration, and another series of symptoms soon appear, again only yielding to frequently repeated doses of the similar remedy, it becomes obvious that the changed condition of tissues and organs, resulting from disease, has reached a degree which the weakened vital forces can not restore into their former healthy condition. The similar remedy then no longer acts as a curative agent, but as a palliative, and such palliation can successfully be continued till the vital forces eventually become exhausted; as true healers, we should never resort to any other palliative remedy in incurable cases, as we may confidently trust to the similar remedy.

By paying close attention to these general rules in the repetition of the dose, we not only avoid the never failing harms following a frequent and unnecessary repetition, harms in prolonging the disease, or, as experience has taught, a prolonged ailment after an apparent recovery, but we have it in our power to prognosticate with a certainty which is unknown to the ordinary school of medicine. Persons recovering under the effect of remedies not repeated till such a repetition becomes a necessity, will gain in health and be much better than they were before they fell sick, while such persons as were not amenable to such treatment will not recover

their former health; the very fact that frequent repetitions become necessary, invariably indicates that incurable changed conditions of organs and tissues exist, and an improvement was only obtained by applying palliative treatment.

Theory and Practice.

The Pathology and Prognosis of Insanity. By A. C. Rickey, M. D., Professor of Physiology, Pulte Medical College.

The frequent occurrence of disordered states of the brain, leading to mental derangement of shorter or longer duration, demand of the general practitioner of the healing art an acquaintance with these diseases and an ability successfully to treat the same while yet in a curable stage,

It is a well known fact that after most diseases of the brain which lead to insanity pass a certain stage, but little hope can be entertained of effecting a cure.

The fact that this stage is often reached and too frequently passed, ere the individual is adjudged insane and placed under the care of practitioners skilled in management of mental diseases, renders it incumbent upon every general practitioner to have a sufficient knowledge of such ailments, to be able to apply the needed remedy while yet there is hope of effecting a cure; or in absence of such attainment, to refer such patients to those who have made diseases of the mind a special study. This proposition ought to need no argument.

Both personal experience and facts culled from our literature lead me to have greater confidence in the homœopathic treatment of such cases than that of any other school. Statistical

plain of a circumscribed pain in the head, an evidence that the pathological process is not general; but confined to the one organ affected.

Increased functional activity in any organ results in a determination of blood to that part. Should the action be violent and long continued, not followed by periods of repose for the recuperation of wasted energies, relaxation of the capillaries takes place, causing hyperæmia and oftentimes inflammation.

Then for the first time the attention of the individual is directed to the diseased organ.

His attention becomes fixed upon it. If of a gloomy turn of mind, he thinks much and morbidly of his misery; thus aggravates it. Thus is set up and intensified those circumscribed or diffuse centers of disturbance of function in the brain.

As familiar and parallel examples of the effects of morbid attention to diseased organs I may cite derangements of the stomach, liver or uterus induced by, or inducing melancholy states of mind. What is so true in these affections is even more true in insanity, where the will is disabled, and the better judgment of the patient gives way to his morbid impression.

If in this stage appropriate treatment be applied before the structure of the parts is altered by the inflammatory processes, a sound recovery may be anticipated. Otherwise the outlook is unfavorable.

Third. Cerebral Depression.—The tonicity of the nerve fiber may be lowered by over taxation general debility, anæmia, depressing emotions, envy, jealousy, unhappy love, grief, misfortune, narcotic poisons, venous congestion with circulation through the brain of blood rendered thick and impure by retained excreta, bile, etc. As a result of such condition mental depressive melancholy, hypochondria, suicidal tendency, etc., result.

These three conditions stand in causative relation to the ordinary symptoms of insanity, and if the disturbed circulation be not relieved, we then have as a result, morbid anatomy,

Among the very large number of tissue changes found on autopsies of those who have died insane, as being intimately connected with the causation of such ailments, I will mention, hyperæmia of the meninges, and cortical layer of the brain, thickening and opacity of the membranes, adhesions, effusion of serum into the arachnoid cavities and ventricles, softening, tumors, abscesses, the effects of blows and injuries.

Insanity, by no means invariably results from the operation of the above mentioned causes. Disturbed circulation very often exists without disordering the mind. Why in some, and not in all cases? A predisposition undoubtedly exists in a large number of cases—perhaps one-third—of all cases are due to an hereditary tendency. But it is unnecessary that this should exist. The prolonged action of the causes named are sufficient to break down almost any brain.

It is the same in insanity as in other diseases. A slight disturbing influence is sufficient oftentimes to set up an hyperæmic or inflammatory state, which is maintained for months or years, by bad conditions of the system, such as exist in, and perpetuate many other chronic diseases.

In addition to these pathological conditions, there are others of a more delicate and mysterious nature which play the important part, in a few cases, of inducing insanity.

Without any other change having taken place, there may be a modification in the transmitting power of the nerve fiber. Both sensory and ideational impressions are conveyed over nerve fibers by a peculiar modification of the nerve elements. There is no such thing as a nerve current—no entity or quantity which passes from periphery to sensorium.

While it must be admitted that we know no more about how an impression passes than we do as to how electricity propagates its influence along a wire, it is reasonable to suppose that certain parts of the commissural fibers of the cerebral substance may lose this property, thereby preventing that co-ordinating power exercised through the will, so that will-power, self-control, judgment and reason, are dethroned. I met one notable instance of this kind some years ago, in which case, while there was no melancholy, mania or delu-

sion, there was an entire inability to express ideas or control the action of the brain.

We are all aware, too, that death may result from a strong emotion, or a stroke of lightning, without leaving any changes in the nerve tissue, which may be recognized after death.

So blood charged with carbonic acid causes death by impairing the continuity of the nerve fiber, yet leaves no evidence behind as to how it wrought.

Much more might be said upon this highly important topic, but enough has been said to make clear the beginning and manner of progress of mental disease. May I now more briefly call attention to the

PROGNOSIS OF INSANITY.—The probable issue of any case depends upon: first, the causes; second, heredity; third, duration of disease; fourth, habits of the patient; fifth, the form of the derangement; sixth, whether organic tissue change has taken place.

First. Causes.—The prognosis is very unfavorable where insanity results from intemperance, sexual abuse, profound anæmia or debility, deep seated disease of the brain, injuries, epilepsy, or during the course of phthisis. It is more favorable in cases resulting from religious excitement, hysteria, and from causes which can be abated; and where the general health can be improved.

In puerperal insanity, the prognosis is favorable where the disease develops during the term of gestation, or before the sixteenth day after delivery. After that period the derangement is more likely to take on the form of melancholy, and is less amenable to treatment.

Second. Heredity.—Where insanity develops in those who have inherited a predisposition thereto, the chances for recovery are lessened very considerably. Such cases are not, however, hopeless, since even such have been cured, and remained of sound mind.

Third. Duration.—The length of time which this affection has continued, is an important element. Before three months we may have much hope; after one year but little. By refer-

ence to statistical reports of our asylums, it may be seen how few are the recoveries after the lapse of twelve months.

Fourth. Habits of the patient.—Those who persist in the use of alcoholic drinks, narcotics, opium eaters, etc., as well as other bad habits, need have little hope of a cure. Regularity of life is indispensable to recovery.

Fifth. The form, which the derangement assumes, is an important element in the prognosis.

Melancholy, resulting from hepatic or gastric derangement, is most curable, since the causes are more easily removed. Acute mania, simple and uncomplicated, is usually curable, if not allowed to run on too long.

When maniacal fury begins to subside, it is a good sign if the patient admits that he was insane, and asks about his friends and business, etc.

A fixed hallucination, or a tendency for disorder, to become settled, are bad omens. So also periodically recurring attacks in chronic mania or monomania.

Sixth. Tissue change.—The prognosis is more influenced by the condition of the tissues, than almost any other one factor. So long as the parts are normal, the prognosis is favorable. But so soon as there occur any decided change in the organic structure of the parts, the chances for recovery are materially lessened. To ascertain when this change has taken place, is, of course, impossible, since functional disturbances may persist for a long time, without any change in the anatomy of the parts, while on the other hand, a few days may suffice to occasion irreparable damage from the results of inflammation or degeneration.

All that can be done is to conduct the treatment on general principles, and await the result.

Clinical Experience with "High Potencies." By John Hall, M. D., Toronto. Read before the Canadian Institute of Homœopathy. Part I.

In presenting this paper to the Institute, a response to your own request at the last session—a request by which I feel myself honored—I will premise that, by the term "high potencies" is meant, the Hahnemannian centesimal 30th, with all above that—by whomsoever prepared—provided they are bona fide what their numbers imply; some of these, as Fincke's—which were made by a process long time kept secret, and patented by the inventor; and also those of Dr. Swan—have been found, since the processes were divulged, as not nearly so high as they had each supposed, but still "very high"—far above anything we had experience with before. My own acquaintance with these forms began many years since, on the three which had been prepared by Messrs. J. T. S. Smith & Sons, New York; these were *Cina*, *Coffea* and *Belladonna*, all of the two hundreth; and, having, as I thought, seen evidence of their efficacy, I made a personal enquiry of Messrs. Smith, as to their mode of preparation, who very generously took me into their apartments, and exhibited and explained the machinery by which they worked. I gathered therefrom that these three were truly two hundreths, after the Hahnemannian centesimal scale, each successive succussion being carried on at the respective dilution up to two hundred. Having slowly subjected these forms to the most careful, practical tests which I was capable of, a conviction grew upon me, that, they possessed a promptness in action, and thoroughness in curative power, beyond what I had realized from lower forms of preparation; under which conviction I afterward purchased a case of two hundred of Fincke's remedies, ranging according to his scale, from two hundred to two hundred and fifty thousand, adding others, as needed, from the productions of Jenichen, Swan, and Boericke & Tafel, all of which have given entire satisfaction, and are in daily use for every form of malady seeking my aid

—whether intensely acute or tediously chronic. But this paper is not intended to maintain that the high potencies, per se, were the special element on which the following cures depended. Such a conclusion would conflict with my object in presenting them, and prove subversive of a true understanding of Homœopathy, whose great and imperative mandate is merely that each practitioner shall grasp the totality of symptoms of every case with the single remedy, in a dose just sufficient to cure; leaving the potency to each man's judgment, that a highly dynamised one will penetrate more rapidly and thoroughly to the dynamic conditions at the sources of disease, I have already stated as my belief, and furnish this portion of my experience in confirmation, but recognizing all who abide by the above rule as homœopaths of the general Hahnemannian type, be they high or low. What we have to deprecate is a loose generalizing way of prescribing; and especially so if done with the high potencies, than which, a more pernicious practice can hardly be. Well do I remember the remark made to me, years since, by my eminent friend, Dr. Ad. Lippe, "a case mismanaged with high potencies is usually beyond help from any one." I regret that such have come under my own observation. In this connection I can not refrain from giving you a quotation from our excellent quarterly, "The Organon," which advocates and instructs in pure Homœopathy in a manner which renders its pages invaluable, if not indispensable, to all who would acquire skill in our art. Hear what our good friend, Dr. Skinner, says:

"There is a goodly sprinkling of physicians who have got an idea that high attenuations are everything, and that the selection of the remedy is altogether secondary. A grosser mistake was never made. The similimum will always do good, and will frequently cure, mostly in a single dose, from the mother tincture upwards, Dr. Pearson and his sympathisers to the contrary notwithstanding. If one-half the time spent in studying pathology, practice of physic, institutes of medicine, chemistry, and the physical diagnosis of the disease, were spent in acquiring a more deeply rooted knowledge of

the materia medica and its characteristic or guiding symptoms, and how to use our repertories in invariably finding and prescribing—not that which is like one or more of the symptoms, but that which is most like the totality of the symptoms, including more especially the mental, moral and subjective symptoms, peculiarly expressive of the deranged vitality and its cause—the disease and the only thing which ought always to be prescribed for. If, I repeat, one-half the time misspent in dead-house pathology, etc., were so spent, we should hear less of this mania for 'high potencies.'"

In selecting from my diary the cases which follow, having experienced much difficulty in restoring from these half-forgotten records, a proper accuracy in detail, which alone can furnish a true picture of the malady treated, I have thought best, on this occcasion, to draw principally from more recent sources, fresh in the memory, whereby not only the fact of a cure may be demonstrated, but the special indication for the given remedy better seen, without which our clinical reports may fail of good, tending rather to excite a little wonder at individual skill, than a profound admiration of our art, which encourages each to do likewise.

Let me then proceed with the subject matter of my paper, "Clinical Experience with High Potencies."

CASE. I.—Sept. 6, 1879. Mr. A., aet. forty, blonde, full habit, florid face, robust constitution; annoyed greatly for a year by a hard and increasing encysted tumor, a wen, on the forehead, over the organ of causality; in size about that of a small hickory nut, disabling him from wearing any covering for the head, excepting of the softest material.

His symptoms are, copious perspiration on the head; rush of blood to the head when stooping, causing headache; feet warm, and perspire freely; abundant crop of warts on his hands, as a boy; irritable, quick-tempered; very great aversion to hot or close rooms, must have air; complains of never feeling well since the wen appeared; heavy sleeper in the morning, and unrefreshed on awaking. *Sulphur* 40*m.*

Oct. 19. Tumor becoming soft. *Sulphur* 75*m.*

Dec. 8. Increasing softness. *Sulphur cm.*

Feb. 2, 1880. Does not seem to change any farther. *Silicea* 40*m*.

March 5. Tumor has become quite softer, and fluctuates with pus.

April 26. Tumor is now discharging freely, and has a tendency to close and refill with what appears to be laudable pus. *Silicea cm.*

Oct. 23. The discharge continued during another four or five weeks, and then healed, leaving no trace of the wen beyond a slight cicatrix: but health not yet good.

Remarks: The selection of *Sil.* has hardly a similimum; hence, although the wen has disappeared, the man is not well. I fear we shall hear again from him needing further aid.

Since my return, this patient's wife called to say that the wen had again suppurated. I could scarcely get him to call, but gathered from her as follows: heat and redness of the face; great aversion to fat, and craving for acids. I gave him *Hep. sul.* 35. I now venture to predict his cure.

CASE II.—Oct. 7, 1880. Mrs. B., aet. thirty-five; dark hair, mild temper, dyscratic constitution; always ailing from a girl, and very severely of late years from membranous dysmenorrhœa, for which she had received two courses of *Rhus tox.* and almost entire relief had been obtained thereby, but the disease had recurred, and at the time of her catamenia on this occasion, sought my advice, principally for a soft tumor at the apex of the spine, about the size of a small hen's egg, which had made its appearance two months before, and was gradually increasing in size and painfulness; accompained with a sensation as if the head were being dragged backward; continued to be very poorly in damp weather, and the catamenia excessive. *Calc. c. 21m.*

Oct. 23. This tumor began to yield promptly to the medicine, and now both swelling and tenderness have gone, and the subsequent menstrual flow without pain or false membrane.

CASE III.—June 16, 1877. Mrs. B.'s infant daughter was found soon after its birth to be disfigured by two nevi "birth marks." One, somewhat larger than a dime, situated near

the crown of the head, and highly vascular; the other, covering all the space above and below the inner canthus of the left eye, and much less vascular than the former. This little infant was born of a highly psoric mother, and began its life by restless crying in the latter part of the night; its head, when sleeping, was bathed with so profuse a perspiration that the pillow was usually quite wet on awaking in the morning. This restlessness and perspiration must be taken as a peculiar expression of its psoric constitution, requiring *Silicea*, which was given in the 20*m* potency, July 11.

Sep. 11. These conditions yielded to the *Sil.*, but showed a great tendency to recur. A second course was now exhibited of *Sil.* 40*m*

Nov. 3. Still relapsing, I gave *Sil. cm.*

January 8, '78. Having yielded apparently for good, so much of the totality of symptoms was out of the way, but as yet no action was apparent in diminishing or changing the nevi, both of which remained pretty much statu quo, and the bowels were habitually confined; stools hard and difficult. At this stage the child received *Lycopodium* 10*m.*

Subsequently followed: vaccination, dysentery, measles, greatly interrupting the curative action of *Lycopodium.*

May 24. *Lycopodium* 71*m.*

Oct. 9. The nevi getting pale and less vascular, but child again very troublesome day and night. "Sick babies will not sleep day or night, but worry, fret and cry." A perfect picture from *Psorinum*, which was given *cm.*

Nov. 8. Child improving. *Psorinum mm.*

The little one left town for some months, so I lost sight of it, but called this day, Oct. 23, 1880, to examine it, and found not the slightest trace of either mark, all vascular radii having disappeared, and, indeed, with them it seemed every other morbid condition, leaving the child during the past two years in the most complete health and happiness.

Remarks: Those who might think these cures very slow should bear in mind the many interruptions which occur during the treatment of infantile diseases; also the weighty observation of Hahnemann, "that a grave chronic disease will hardly yield to the best treatment in less time than two years."

Malaria *vs.* Brains, or, Soil for Sense. By G. W. Bowen, M. D., Fort Wayne, Ind. Read at the Fourteenth Annual Session of the Indiana Institute of Homœopathy, Indianapolis, Ind., May 25, 1880.

Gentlemen: I have selected the above "*ad captandum vulgus*" title for my paper, in hopes that it may cause some one to study up this subject, and aid to settle the question of location, to secure promotion, for none of us really wish to raise a family of children, where it will be utterly impossible to have them become intellectual giants, or political stalwarts. For if there are any chosen haunts of fame, we either wish to find it; if not for ourselves, at least for those who are to succeed us.

We are well aware that in some portions of our own country a larger per centage of men gain notoriety for superiority in their chosen vocation than in other parts of it. Now it is certainly worthy of analysis to find, if possible, the cause, if cause there be, for this variation. Whether diet, climate, society, maternal influence, or if circumstances have aught to do in their production.

After a careful survey of the field for many years, the conclusion has been forced upon me that the soil and climate has much to do with it, or rather the evidence has been mostly of a negative character, that a malarial climate notably prevents cerebral development.

I do not offer this as an excuse for my own deficiency, that I live in a malarial climate.

Let us see first if diet can vary the product, or how far it has its influence in the development of the intellectual, those attributes that give the pre-eminence so much prized in this progressive era. Fish has been said to be a brain food. The New England fishermen live mainly on fish, so do the Sandwich Islanders; so if it has a large amount of *Phosphorus* (much to be doubted) it does not stimulate the brain to unusual activity, or they would lead the van.

The primitive hoosier, still to be found in some portions of our state, and in southern Illinois, with his diet of hog, hominy

and coffee, does not rise so very pre-eminent over all the rest, but comes a little late in the procession.

Through the south, where I have traveled some, their diet is very simple, and has not resulted in very many intellectual precocities.

Several to my knowledge, have tried, and faithfully, to force brain action by stimulants, with alcoholic preparations, but the result has generally been fatal to the experimenter. I need only cite you to Bourbon county, Kentucky, and one of the great political parties, as evidence of its failure.

Early training and maternal influence has done much, but it is not always well to give to the world a genius, or even a gentleman, that will leave it better than he found it.

Blood does not always tell on man, if it does in horses, still it helps materially in giving one a fair start in the race of life.

The human system needs, and must have, a certain amount of the essential, to build it up, and keep it in repair, by supplying the wear and tear that comes from the tax or strain put upon it, either by mechanical or mental exertions to which it may be subjected. The material to be supplied must be graduated, and selected to supply the specific loss or wastage. In fact, to a certain extent, must be a mental and physical diet. An excess of humidity is detrimental to the combined structure, whether it be ingested or absorbed, but more marked will be its effect if it is absorbed, and that in a malarial climate, where it is introduced saturated with decomposed vegetation, to be borne around as a dead weight, to disseminate its baleful effects, not alone on the physical structure, but more especially to retard cerebral activity. It were better, by far, to reduce the circulating medium, and have that of more value, than to have that stock watered until it is only equivalent to condemned currency.

In a high, dry and arid atmosphere, the blood is actually thicker, and if the diet is judiciously richer in all of those elements that go to feed the brain, the work it can accomplish will be greater, and the fatigue will be correspondingly less.

In a humid atmosphere, or where it is generally moist, the absorption is necessarily increased, and there is an excess which must render the blood thinner, and less toxical or nutritive, to supply or sustain the mental strain.

Near Drummond Lake, in the Dismal Swamp, I found the dwellers there to be possessed of a very low grade of brain power, while in some portions of Ohio and New York, in high, arid locations, the reflective faculties and general cerebration, was to be envied by one who had long been subjected to a highly charged malarial humidity peculiar to our state.

We are all probably well conversant with the action or effect of malaria on the physical structure, causing its chills and fever, its pains and aches, and its irritation of the mucous membrane, but how few have felt it proper, to credit it with that mental dullness which is so universally felt, and surely comes from its baleful influence.

Our own failure to secure proper representation here, on this bureau, with papers creditable to our school and cause, must certainly be due to its depressing and very exhausting feeling.

As well might we attempt to run a race with a mill-stone hung round our neck, as to win laurels in the literary arena while depressed by the accumulations of malaria in our system, to retard our every effort.

The fagged out horse may be made to quicken his gait by dermal irritation, but not so a half sick doctor, one who only fills the bill in his daily rounds, from imperative necessity. His lofty aspirations (if he ever had them) to ascend the ladder of fame have died out; after a few ineffectual attempts he sinks back to barely live and vegetate till his allotted race is run, with no motive higher than to merely make a living for himself and those dependent upon him.

It is not in our profession only that this defect of mental activity is noticeable, for it pervades all professions and all departments.

Where is there a man that has gained the right to have his name engraved on the scroll of fame in our state? None are

there, save the late lamented Morton, and we all know his come there from the rebellion, an accidental affair that was favorable to his promotion. Oh! for an accident to befall us, if it would lift us out of mediocrisy, and help us to gain the world's applause.

What book has ever been written by a resident of our state, that has brought credit to its author, or even more than escaped being a still birth?

Do our annals of literature hold one single speech made by a malaria saturated man, that is worthy of perpetuity, or of being studied by some rising Demosthenes?

Is it not time that we seek to find some mental irritant, some means by which we can flagellate our intellectual faculties, until they generate or give birth to thoughts or acts that not only ourselves, but others may be proud of, and hail as a Godsend, to relieve this monotony and mental sterility?

I come not to reprove, but only to apologise, coming laden with the same burden as yourselves, and sympathise so far as it would be prudent to do, and can only say it is yours to do all you can under the circumstances, and strive by all the latent energy you yet have in a dormant state, to rise superior to the ills you bear, and say, I will work, although it may count not equal to what it would be under more congenial skies.

Much, perhaps, could be said here, of the best means essential to eradicate from the system that incubus, and guard against the acquisition of that which weighs us down like the nightmare, but will only make a few suggestions that may furnish food for thought, and is believed to be, to a certain extent, applicable to any malarial region.

Having been a resident of our bad air state for nearly thirty years, and watched, with anxiety, the various changes and phases that have taken place around me, I think myself qualified to state some of the effects that have been observed. With an average precipitation of about thirty inches of rainfall for the three states, Ohio, Indiana and Illinois, per year, an equality in health and temperature should apparently be the same. But in Ohio the water is more speedily carried off by

the inequality of the surface. In the state of Illinois the sun and wind causes that rapid evaporation so much to be desired when it has fallen to excess, but in our own state neither of those favorable conditions exist, but it is held on the surface amid the swamps and forest until all the vegetable matter contiguous is thoroughly saturated and rotted, then to be slowly taken up by evaporation highly charged with malaria, which we must constantly absorb by inhalation, if not to drink.

Where the country has been cleared and properly drained, allowing the stagnant water to pass off, or be more readily evaporated, a better condition of health has been obtained, and the residents have shown a more prompt comprehension of an idea, even suggested, evinced and exhibited an inclination for reading and mental activity, but this has been more especially marked when their sleeping rooms have been in the second story, and away from the ground.

In those same families there has been an apparent declension of all those worthy attributes, those years in which the yield of fruit has been prolific, and since it has then produced so abundantly, the effect of malaria has been more marked, which not only tell on their physical (or working ability) but shows on those heaven born faculties to a very appreciable extent.

Where good coffea has been liberally used, the gross per centage of malarial symptoms have materially lessened, and corresponding elevation of cerebral activity could easily be observed, for it must, and does, contribute largely to develop, aid, and stimulate the whole mental fabric in its evolving of thought or compulsion to acts. As yet, I have to learn of anything as agreeable, or more effectual in its antidotal properties to malaria, than that of coffea. *Arsenicum*, as a medicine, will accomplish the same object, if it is judiciously given.

These, gentlemen, and associate workers for the public weal, are my notes on this subject, and I leave the field for you to explore or cultivate; not doubting you may conclude with myself, that malaria prevents us from taking high rank as brain workers.

General Clinics.

GREGG ON DIPHTHERIA.—Allow me to thank you for advance sheets of Gregg on diphtheria. It is truly an admirable work. Its etiology is clearly stated, the treatment well defined, and, it seems to me, no one need err in that disease with this book in his library. I can fully substantiate the statements so far as the use of *Lachesis* and *Lycopodium* are concerned, in my own practice. I have treated over twenty cases, and have as yet had occasion for no other remedies, save in two instances.—G. E. B.

INTERMITTENT FEVER.—A SUGGESTION.—Your remarks upon my criticism of your twenty-five remedies, scarcely does your book, or myself, full justice. You may have given all the characteristic symptoms of each remedy for all I know, but I do mean to say, that if you did, we need other remedies, for those laid down by you, fall short, by a large majority, of covering the types of the disease as met by me here, in my practice. I am glad to see our writers directing their pens towards this disease, (intermittent fever) and hope that out of the multiplicity of opinions, something tangible may at last be evolved. But how, I ask, can we know what to do, when, for instance, in the October number MEDICAL ADVANCE, we read on page 186, "I am satisfied the time of day for the paroxysm is unimportant," which opinion the writer backs up with clinical facts from his own practice. But again, on page 223, another places the time of day at which the chill returns in the first place, etc. Of course, one of these opinions must be wrong, and while I believe clinical experience very valuable, still such errors as one of these must be, make me distrust what I read in journals, and drive me back to the original provings as the surest guide. My own experience would not be of sufficient value as yet, to trouble you with, but I venture to suggest a plan, from which I hope substantial good may result, and that is, for all physicians to send

for one year, as nearly as possible, a perfect record of every case of intermittent fever occurring in their practice, with treatment, to Prof. H. C. Allen, Ann Arbor, Mich. Send both failures and successes, record, temperature, time of day, thirst, nausea, and all the symptoms, according to a schedule, to be gotten up by Dr. Allen, printed and circulated for that purpose. The results after being boiled down by him, to be incorporated in a new edition of his admirable work, to which I would respectfully suggest, he add a repertory also, for in no disease is it more useful to a busy practitioner, and I believe in this disease alone we can make more converts to Homœopathy, and save more lives, than in any other, because it is widely spread, and because, in my opinion, more than one-half the congestive cases so called, are caused directly by the use of *Quinine, et id omne genus.* If you consider this suggestion practicable, will you set the ague ball rolling, and see if it will gather any moss. Respectfully yours, G. E. BLACKBURN, M. D., Shreveport, La., Oct. 22, 1880.

CLINICAL CASES, FROM C. F. NICHOLS, M. D., BOSTON.—CASE I.—ULCERS ON LEG. *Achroc. choc.*, etc.—J. McL., aet. fifty. Ulcers and sores on legs are hereditary (syphilitic); his mother and other maternal relative having inveterate ulcers. Nov. 17, 1876. On both calves irregular-shaped sores; six in all, the largest, two by one and a half inches across, bleeding easily, having an odorless, dirty brown ichorous discharge, and indolently granulating surface, with blue edges; blue, shining skin of the whole leg; burning, stinging, itching, in the sores; ulcers may be developed anywhere on the legs where rubbed or pressed; they tend to work downward; grinding pain in legs; vertigo when stooping; feet sweat (warm, offensive); emaciated, weak; despondent, sad, has recently lost a child; diarrhœa, with colic, occasionally. During the six months following, he took *Sil.* 200, *Sulph.* 200, and *Lach.* 200, of each four doses in water, lastly, *Lach.* 17*m*, (Fincke) dry.

June 24. Pain, deafness, and purulent discharge from the right ear, which he had had fifteen years ago; the ulcers were larger; several more had appeared, their discharge thin,

offensive, sanguineous, the neighboring skin copper-hued, erysipelatous; there were flushes, sweats, nausea and poor appetite, no medicine, until July 24. *Arsen.* 200, dry.

Sept. 6. *Phosphorus cm*, dry. Oct. 4. *Syphilin cm*, dry. Nov. 3. *Syph. dm*, dry. Dec. 3. *Syph. cmm*, dry. Jan. 3, 1878. *Ulcerine cm*, three doses in water. Jan. 28. *Ulcerine dm*, three doses in water. March 4. *Glanderine dm*, dry. March 21. *Lycop dm*, dry. July 19. *Puls. dm*, dry. Aug. 17. *Calc. fluor.* 12, five does in water, three days apart. Sept. 6. *Merc. sol. cm*, four doses in water. Oct. 31. *Id.*

Feb. 7, 1879. After slight improvement under *Syphil.*, the ulcers had grown worse, sloughing, enlarging, increasing in numbers. (The varicosities disappeared as the sores increased). *Achroc. choc. cm*, eight doses in water, were given. Improvement gradually took place without repetition of the prescription, and progressed until the legs had become free from ulcers. Varicosities did not return. The patient ate considerable fruit. No change was made in his position, seated leg-bent at shoemaking.

June, 1880. He is well, with rough legs.

CASE II.—CHOREA. *Silicea*, *Calc. c.*, and *Phosphorus.*—March 4, 1875. W. B., aet. five years; is reported to have had spasms occasionally, during two years past, and but five to seven days apart, during the past month; is pale, unconscious, with upturned eyes. The fit is preceded by violent hunger; he throws his head backward incessantly (this week); picks nose; has pinworms (formerly painful constipation); craves sours; the eyes and legs twitch before midnight; has pain throughout the left side; likes to have his back rubbed; carotid and inguinal glands swell; arms and legs edematous; pallid, swollen face; trunk emaciated; green, yellow catarrh, offensive; thirst unrelieved; mutters in sleep; talks about God; the heart sounds irregular; prolonged systole, with loud murmur left of sternum. *Silicea* 200, dry.

March 21. Sleeps quietly; has had no spasm.

April 22. Sweat on head (none on feet); pinworms continue, (prolapsus recti, which he had in infancy); no twitchings; thirst natural; heart sounds normal.

CASE III.—CHOREA, ETC.—Jan. 6, 1874. F. T., aet. five years, fair, fat. His mother died last year in phthisis. Has mumps passing from right to left; meanwhile his habitual chorea has disappeared; its symptoms, spasmodic, hawking, jerking of facial muscles; incessant nervous activity; rubs nose; is sensitive to cold, and hawks more in cool air; head sweats. *Silicea* 200, dry.

Jan. 22. The hawking has returned distressingly, with disappearance of mumps. Examination discovers nothing abnormal in chest. *Calc.* 1*m*, dry, given ineffectually.

March 3. *Phos.* 200, dry, was given, with permanent relief.

CASE IV.—PTOSIS. *Gelsemium.*—Oct. 1, 1876. O. W., Honolulu, has ptosis of left lid, which often, and increasingly, compels him to lift the lid with the fingers. His pulse, habitual gait, motions and speech, are slow; is despondent and apprehensive as to probable failure of sugar crop. *Gelsem.* 1*m*, relieved the lid.

CASE V.—GANGLION. *Iodine.*—July 18, 1878. A. T., a young girl, blonde, strongly built, had a ganglion in her left wrist. Surgeons had pounded, compressed it, and painted the wrist with *Iodine* for a year; during the past four months, without treatment, the bunch had increased slowly, to a filbert's size. *Sulph. cmm, Hepar dm, Calc. fluor.* 12, were given three weeks apart, unsuccessfully.

The previous *Iodine* application, together with the girl's liking for cool applications, led me to give *Iodine dm*, dry, which cured in two weeks.

Miscellaneous.

The British Homœopathic Congress.

We are indebted to Dr. Pope for current papers containing account of the late meeting of this body, at Leeds. The proceedings are full of interest, not confined by any means to the English profession. Dr. Geldham, of London, presided, and delivered an address upon "The Pursuit of Certainty in Medicine."

He remarked that, having accepted the homœopathic system, almost with unquestioning faith in its efficiency for practical purposes, they have expended their surplus energies too exclusively, though perhaps unavoidably, in a kind of life and death struggle in defence of their principles, and to maintain their position as recognized members of the medical body. But they could not always contend. The bitterest foes must sometimes rest upon their arms and take breath. Such an interval of repose, as between themselves and those who professed to differ from them, might, he thought, be said to exist at the present time; and though as opposing parties they had not yet learned to agree, they had, he trusted, learned a calmer and more tolerant spirit than formerly, to bear with, and in some degree to respect, each other. It appeared to him that this lull in the strife offered a fitting opportunity, of which they should avail themselves, to forget for awhile those things which were without, and turn their attention, as statesmen did after fighting for foreign policy, to questions of internal improvement and reform. Excellent as the homœopathic system was as a whole, it was not devoid, in some of its details, of questions of this nature, for much as Hahnemann effected in his own lifetime in giving practical shape to his doctrines, it was inevitable that he should leave so great a work, in many respects, incomplete and imperfect; and whilst they must ever hold in the highest respect, the opinions and teachings of the man who evolved and set in motion

a new train of thonght and action in medical science, it was also incumbent upon them to realize their own obligations to think, judge, and act for themselves. By comparing the various medical doctrines with Homœopathy, he might enforce the fact that the latter, from the admirable simplicity of its principles, partook more largely than any of the older systems of the elements of certainty, Instead of treating the subject of his paper on the ground of practical expediency, he preferred viewing it from the light of a principle—the principle of certainty in medicine. It was needless to state that this principle was an indispensable element in all scientific pursuits, and in none more so than the practice of medicine, since upon the degree of certainty or precision with which they applied their art, the weightiest interests often depended. Whilst it is true that medicine, being a mixed science, could never reach the mathematical exactitude of a pure science, it should be, nevertheless, their constant aim to approximate it, as near as possible, to the highest standard of certainty which any science was capable of. Coming to the consideration of the symptoms recorded in the materia medica, and the means by which various defects in it might be rectified, the President said that clearly the task here implied, would involue an amount of labor and responsibility such as no one man, however well qualified for the undertaking, would be justified in assuming. What he would propose was this, that it be undertaken by a committee, to be called "The Materia Medica Committee." This committee should be permanent, being recruited from time to time, as vacancies might occur, and it should be composed of men who, from their practical experience, literarv attainments, and widespread acquaintance with homœopathic matters generally, would inspire confidence that whatever they did would be thoroughly well done. Such men were not far to seek. An excellent committee of this kind might be formed from amongst their own body. It might, perhaps, be worth considering whether the co-operation of some of their zealous and accomplished American colleagues might not be enlisted. Should such an idea appear feasible

it might be ventilated between the present time and the Congress to be held in London next year, and which, it was to be hoped, wonld be honored by the presence of many of their transatlantic brethren. The great obstacle to the adoption of this suggestion would be the distance between the two continents, and the consequent difficulty of holding that personal intercourse and interchange of thought which would be almost indispensable to the successful carrying out of such a scheme. But, however, constituted, the labors of such a committee would, he took it, fall almost naturally into three divisions—those of revision, reproving, and rejection. As to the first, he feared such a proposal would fail at the present time on account of its herculean proportions, but such a winnowing should take place as would blow away a cloud of useless symptoms, and would bring out the characteristic features of their remedies in such bold relief that they would be able at once to distinguish them from each other, and judge of their peculiar sphere of curative action ; whereas, as they now stood in their books, they looked so much alike, that it was exceedingly difficult to detect their points of difference, and say why any one of them should not equally cure any or all diseases. To the one or the other of the three eliminating processes he had mentioned, every article at the present in their materia medica should be rigorously submitted; and as to the future, no medicine should find its way into their materia medica that had not undergone such searching and repeated testing as should satisfy the proposed committee, under whose sanction alone it should be recognized as a homœopathic remedy. What was required was a thoroughly good materia medica pura—pure in the truest sense of the word, setting forth truthfully and honestly those medicines, and those only, that had been proved beyond dispute to be homœopathic, and recording only those symptoms concerning whose genuineness there could be no shadow of doubt.

Dr. Burnett (London) read a paper on "The Prevention of Hare-lip, Cleft Palate, and other Congenital Defects, as also of Hereditary Diseases and Constitutional Taints, by the Medicinal and Nutritional Treatment of the Mother during Pregnancy."

A discussion ensued, after which Dr. Gibbs Blake (Birmingham) exhibited some laminted casts of the bronchial tubes from a case of plastic bronchitis.

The Congress then adjourned for luncheon. On resuming, Dr. Drysdale read a paper on "The Need and Requirements of a School of Homœopathy." He stated that there was forced upon them the necessity of founding schools wherein students of medicine might be taught the truth respecting Homœopathy before they settled in practice, and were finally, for the most part, withdrawn from all opportunity of learning any new principle of a large and fundamental character. They must remember that although in this country hundreds of qualified medical men were added to the allopathic ranks every year, whilst the homœopathic party could barely claim five or six converts, it must not be supposed that these new practitioners had decided the respective merits of the two methods, and pronounced in favor of the allopath. Nothing of the kind. They had simply believed and adopted what they had been taught, and as they had been taught to use their remedies empirically, whilst the source of them was sedulously concealed from them; and Homœopathy, if spoken of at all, was represented in mere caricature; they simply accepted the teaching, and continued through life to assert, and most likely believe, that Homœopathy was the absurdity it was stated to be, even when daily using the remedies discovered by means of it. It was obvious that if the teaching of schools were in their hands, the case would be exactly reversed as regarded numbers, although he hoped and trusted they would not exhibit the unfair and persecuting spirit that had been shown to them. Their object being thus to counteract the hindrances which had been put in the way of fair investigation by taking in hand the teaching of young men, let them consider the different ways in which schools for such teaching might be constituted. They might have, first, complete schools or colleges with the title homœopathic, which gave a license to practice; secondly, mixed allopathic and homœopathic schools or colleges, giving a license to practice, in which there were separate lectureships and examinations for

the two methods; third, schools or colleges, giving license to practice, in which the professorships were wholly filled by homœopathists, but the name homœopathic was not given to the school, as was expected to be the case when the homœopathic theory was generally received into medicine; fourth, schools with the title homœopathic, in which no general medical education was given, but the distinctive parts of the homœopathic theory and practice were alone taught, and no license to practice was given. The establishment of such schools here and in other European countries would naturally be followed by similar results, and would, of course, be extremely desirable, if practicable, in spite of some defects, even if these could not be obviated. The most important objection to such schools was the difficulty, especially in the early days of Homœopathy, of getting the professorships of the neutral branches of medical education filled by competent men. For how could they expect men eminent in chemistry, physics, botany, anatomy, physiology, etc., to accept posts in an apparently sectarain school, whose title was given by a therapeutic doctrine to which they were hostile or indifferent? Homœopathic colleges must, therefore, be restricted in their choice of professors to the comparatively narrow field of homœopathic converts, within which the choice of men eminent in their departments must be limited. The consequence must generally be that these posts would be filled by medical practitioners more or less hastily and imperfectly qualified for the task, and a low standard of general medical education would be the result. In considering the possible plan of improvement which might be suggested by the experience of their American brethren, Dr. Drysdale said there was, first, the establishment of complete homœopathic medical schools giving degrees. A scheme for this purpose was brought forward by Dr. Bayes in the June number of the Medical Homœopathic Review, of this year, and he invited the co-operation of medical and lay friends of Homœopathy. This was, in the first place, a tacit acknowledgment of failure of the present school, and of the correctness of the arguments for its reform, and implied the destruction of the present school or its amalgamation with some new scheme.

Dr. Bayes read a paper on the same subject, suggesting the possibility of a charter being granted for the establishment of a homœopathic college.

A discussion followed, at the close of which the Congress resolved itself into a committee to transact formal business. Dr. Hamilton (London) was elected President for the ensuing year, and the next meeting of the Congress was fixed to be held in London, in connection with the World's Convention of Homœopaths.

Proceedings of the Semi-Annual Meeting of the Canadian Institute of Homœopathy, held at St. Thomas, on Wednesday, October 27, 1880.

The meeting of the Canadian Institute of Homœopathy was held in the Court House. The President, Dr. John Hall, of Toronto, occupied the chair. There was a fair attendance of members present.

The minutes of the last meeting were read and approved.

Dr. A. McNeil, of New Albany, Ind., was introduced to the society, and given the privileges of the floor.

A communication from Prof. H. C. Allen, of Michigan University, at Ann Arbor, expressing his regrets that owing to his college duties, he could not accept the invitation of the society to be present at this meeting, and offering to have the proceedings published in the ADVANCE. The communication was received with thanks for his generous offer. A communication was also received from Dr. Thomas Nichol, of Montreal, expressing his regret that he could not be present at the meeting, and offering to give at our next meeting a paper on "Some uses of *Apis mellifica*, with remarks as to its sphere of action." His offer was cordially accepted, on motion of Dr. Luton, seconded by Dr. G. F. Clark.

Dr. C. W. Clark, having been previously reported as eligible for membership, was duly elected a member of the society.

Dr. Husband proposed the name of Prof. J. R. Kippax, of Toronto, for membership in this society, which was referred to the Board of Censors, who reported favorably thereon. On motion of Dr. Anderson, seconded by Dr. Luton, he was elected a member of the Institute.

Dr. Henderson presented a communication from Dr. Thomas Nichol to Dr. Logan, in reference to the International Congress of Homœopathy, in 1881. It was moved by Dr. Campbell, and seconded by Dr. Henderson, that "Dr. Logan be appointed a committee to report to the International Congress of 1881, at London, on the state of Homœopathy in Ontario, such report to be first presented to this Institute, at its annual meeting, for approval." Carried.

A telegram was received by the Secretary from Dr. L. N. Evans, of Toronto, expressing his regret at not being present at the meeting, and conveying good wishes for its success.

Dr. Hall, having read a call from Dr. Lippe, of Philadelphia, for a meeting of all homœopathic societies, to have been held on October 13th, in regard to the sudden demise of the late, lamented Constantine Hering, expressed his regret, that owing to the nearness of the date for the meeting of this society, we could not sooner respond to the above call. He proposed, therefore, that the sad subject be now considered, and as an introductory, read a most pleasing and touching memorial of the great old man, from our esteemed colleague, Dr. Edward Bayard, of New York, after which he offered the following resolutions:

Whereas, It having pleased the Almighty disposer of all events to remove from his post of long and self-sacrificing labor, our late venerable friend and colleague, Dr. Constantine Hering, and,

Whereas, He having been greatly endeared to us by his many qualities of mind and heart—his eminent ability, and patient toil in searching after truth—his keen faculty of observation, and apprehension in its acquisition, the tenacity,

courage and ability with which he held and defended what he esteemed as such; his large accumulation of knowledge and extensive experience; his noble simplicity of character and the unswerving devotion of his great talents and influence through a long life, to the advocacy and extension of Homœopathy, agreeably to the principles and rules given us by the illustrious founder of our art in his Organon; therefore,

Resolved, That we, and the homœopathic profession throughout the world, have suffered by his death, an incalculable loss; and,

Resolved, That at this first meeting of the Canadian Institute of Homœopathy since the decease of our departed friend, we tender our cordial expressions of sorrow and sincere sympathy in this bereavement, to the family and friends of the deceased; and,

Resolved, That a copy of this preamble and resolutions, be sent to the family and friends of our lamented colleague.

Dr. Campbell, in moving the adoption of the resolutions, gave some interesting reminiscences of Dr. Hering's enthusiasm in regard to Homœopathy, and his devotion to the memory of Hahnemann. The motion was seconded by Dr. Henderson, and unanimously carried by the society.

Dr. Husband presented the following preamble and resolution, seconded by Dr. Campbell:

Whereas, It is becoming year by year, more and more apparent that the highest duty and aim of a physician is to prevent, rather than cure diseases, thus giving greater prominence to sanitary laws, and that there is no subject of greater importance than that of public health, it is moved that a bureau of sanitary science be established by this Institute, composed of the following gentlemen, viz: Drs. Adams, Toronto; Vernon, Springer, Ingesol, Mordon and Clayton—the same to report at the next meeting of this association. Carried.

Dr. Luton, seconded by Dr. Henderson, presented the following resolution:

looser, at the sides of the base of the ventricles; one, which, occupying the place on the right, connects and unites the right ventricle with the sister auricle, and with the stem of the vena cava; the other, which, occupying the left, but slightly posterior situation, connects and unites the left ventricle with the left auricle, and with the stem of the pulmonary vein. But the fleshy walls that constitute the four walls of the sinuses, terminate for the most part in these tendons. "It is plain, therefore," says the lamented Swedenborg, "that both the fleshy and tendinous fibres are so disposed on the auricles and ventricles, and so decussate with other fibres, as to form the tissue of but one organ—the four chambered muscle of the heart. Yet I think it should here be observed, that these four tendons, disposed in the form of sphincters and applied to the mouths of the heart, become converted into four other tubular and very long tendons, which are distributed throughout the body, and denominated arteries and veins." To the tendons above mentioned we do not add the long, but not hollow tendon, described by some writers and which, running externally from the base to the apex takes up and collects only the external fibres of the heart; for this long whitish fillet is not a legitimate tendon, and, in fact, is no more than the strong external membrane of the coronary artery, which descends from the base to the apex, and has been an occasion of mistake to several anatomists. But the heart is seen to be a quadricane, or four chambered muscle, still more clearly, when we open its sinuses, for we then find within the ventricles eleven other tendons constructed with amazing ingenuity: some of them common to the ventricles and their arteries, while they all tend principally to connect together the four internal vaults of the heart, and to make them stronger.

The hollow muscles in the body are produced by a varied twisting of the villi and fibers round determinate cavities, and more or less by the spiral form especially. That nature has applied this wonderful law of formation to the heart particularly, no one will deny, who observes that this four chambered muscle is made and constituted of many rolls of fibres, some

almost straight (as seen in brutes that hang down the head) and transverse, and others, and these the greater number, spiral, and for the most part decussating with, and intersecting each other. To begin from the trunk of the vena cava, where it is joined with the pericardium and the diaphragm. In the first place, then, extremely minute, intorted and agglomerated fibres form in this situation a circular muscle, not unlike a sphincter. From this the fibers are continued spirally (yet with some tendency to a circular course) toward the heart decussating with each other, and become more fleshy as they proceed, until they are so mingled with other fibres, that are applied to the superior cava, as to constitute and comprehend within them that uppermost vault of the vena cava called by many the vestibule, and which is the commencement of the right auricle, which auricle these lacesti beautifully form by processes of divercation, multiplication, collection into unequal fasiccles, and intermixture with each other.

(TO BE CONTUNED.)

"Rational Medicine."

Whatever the above may mean, it seems to refer to something peculiarly excellent, and its followers boast not so much of their success as of their freedom from restraint, and of an ability to reason out their modes of practice. A gentleman who pretends to have received his education in a homœopathic college, and who pretends to be now practicing Homœopathy, sends us the following:

BELLADONNA IN DELIRIUM TREMENS.—Patient, act. thirty years; bar-tender; married; been drinking much whisky for several weeks; was taken with a severe cold—settled on l ft

lung; was called to see him, and prescribed for lung trouble; called next evening, late; found lung much better, but he was nervous, and had jerking of limbs; looked wild and started easily at sounds. I gave him a few drops of *Hyoscia-mus* 1*x*, and left him. Was called in the night; he was very wild, and saw all kinds of animals and reptiles, and would not remain in bed; I gave a few drops of *Hyosciamus o.* He grew worse, and as he was surrounded by men familiar only with traditional medicine, they then insisted on my giving him something to put him to sleep; knowing full well that if it was not done, or he was not quieted, some one of the old school would be called, I determined to forestall them in the use of their sheet anchor in such cases, so that if I failed they could do no better, I gave him twenty grains *Chloral hydrate* and ten grains *Bromide of potash* combined; no effect; re-peated it in an hour; still he grew wilder than ever, and now it required three men to hold him in bed.

I had one more remedy (?) to forestall the "regulars" with, and I gave him one-fourth of a grain of *Morphine*; no effect in an hour, and I repeated the dose; still wilder, and in one hour, after the last dose of *Morphine*, as he was now furious, and striking and kicking, I gave him ten drops *Belladonna o.* Ten minutes afterward his fury was much abated, and in one-half hour he was asleep, and slept seven hours, waking rational and hungry. His sleep was refreshing, and the breathing rhythmical, showing no sighing respiration, as is produced by *Morphine*, and to further show that this sleep was not from the secondary effect of the *Morphine*, he mani-fested the same premonitory symptoms the following evening, when one dose of *Belladonna o*, ten drops, removed the symptoms, and he slept well through the night.

I consider the *Hyosciamus* corresponded to this case in the beginning, but whether the remedy was given too low, or what was the cause of failure, I shall not argue now. I have given my reasons for using the *Chloral*, etc., as I think Hom-œopathy would suffer more in the community to give up the case to the old school than to use these drugs in massive doses and retain the case. Perhaps *Belladonna* would have done as

well, or better, in attenuations, but as I had none higher than the 1*x*, and no time to make it, I thought that if the *o* must be given, I would give enough to antidote tke previous dose of *Morphine*, so as to have a predominating effect of the *Belladonna*, as it could not affect him under the circumstances without overcoming the antagonism of the former; hence my reason for the dose.—M. D.

We venture to remark that for a fair showing of what a medical man, and especially what a homœopathist should have done under like circumstances, this is about as bad as it can be. When a physician allows the neighbors to dictate what he shall prescribe, he yields his highest prerogative, and is no longer fit to discharge the sacred duties of his office. By doing this he may retain the case, and make a little money, but he will inevitably lose his self-respect, and his reputation will be worth nothing. In the second place, when a doctor thinks more of forestalling his competitors than he does of curing his patient, he may expect to fail in both. If this gentleman had been well versed in allopathic practice, he would have known that *Chloral* and *Morphine* would make his patient worse. If he is so sensitive regarding the honor of Homœopathy, why does he not let it alone, or give it a fair showing? For our part, we are willing to publish his article because it shows what a doctor should not do, under such circumstances; but we are too jealous of the name we bear to publish such a report without note or comment, lest some neophyte should stumble upon it, and conclude that such a mode of treatment is representative of the homœopathic school. That his patient got well is no proof of the correctness of his method. The recovery seems to have been in spite of bad treatment. But be the treatment as it may, it was not homœopathic. This the writer himself acknowledges, for he used allopathic agents in allopathic doses, in order to beat allopathic doctors. And this is the way that Homœopathy is slaughtered in the house of its friends. And this is "rational medicine."

Progressive Pernicious Anæmia. By E. Vernon, M. D. Read before the Canadian Institute of Homœopathy.

This disease I have selected for a few minutes' consideration, and I do so from having seen a very well marked case of it in connection with Dr. Husband, a little over a year ago. It is a disease that has not been very long under observation. The first reported case was by Dr. Audral, in 1823, and even then he was not convinced but it was a case of ordinary anæmia in an aggravated form, and it was not until 1871, '72, '73, that the physicians of Germany and England became convinced that they had to deal with an insidious, obscure and fatal malady, whose grip was certain death, and whose advance was stealthy and unheeded—and so much like that of a number of other diseases, that great discrimination is necessary for a correct diagnosis. It has been mistaken for Bright's disease of the kidneys; for cirrhosis of the liver; cancer of the stomach, liver and intestines; chlorosis; leukemia, or leucocythemia; for pseudo-leukemia (or Hodkins disease) and for anæmia. It will be known from albuminaria by the urine not undergoing any marked change in the disease under consideration; and from the marked change in the water in Bright's disease, which is always of a very low specific gravity, 1.04 at times; from albumen being found by the proper tests, and from the microscope showing tube casts, epithelium scales and oil globules in Bright's disease, while none of these things exist in pernicious anæmia. It will be known from cirrhosis of the liver by its having no pain in the side. No enlargement or decrease in size, and from there being no former habit of dram drinking. It will be known from cancer by there being an absence of the hereditary predisposition, and of cancer cacexia; of the characteristic pains, and the vomiting, if the stomach is affected.

From chlorosis it is much more difficult to diagnose. They have many points of similarity. But they differ in this. The temperature in chlorosis is usualy below the normal standard; in pernicious anæmia, it is always above from two to four de-

grees. Chlorosis mostly attacks girls about the age of puberty, while this disease attacks more men than women, and from twenty to forty years and older. In chlorosis, there is not much tendency to dropsy. In this disease, dropsy is very common in all its forms; hemorrhages never occur in chlorosis. In this disease, it is very common from all the outlets of the body, as well as effusions into the cavities. Besides chlorosis will yield to treatment. This disease will not. From leukemia or leucocythemia, there is still greater difficulty in diagnosing it, because of the very great number of symptoms they have in common. They both have anæmia, with very little loss of flesh. They both have hemorrhages. They both have dropsy. They are both incurable with our present knowledge of their treatment. They both persevere without much interruption to the bitter end in the same steady and persistant manner, and still there is a wide difference in their pathology. Leukemia is always associated with an increase in the size of the spleen, and in more than one-third of the cases an increase in the size of the lymphatic glands. There is likewise a very great increase in the number of white corpuscles of the blood, with tenderness of the ribs, and muscles of the chest, which symptom is considered diagnostic of the disease.

And now that I have tried to sketch some of the means of diagnosing pernicious anæmia, as it is called, (for the want of a better name), I will say something of the disease itself. And in doing so, I can not do better than cite the case of Mr. McCallum, of Hamilton, which was well marked, and typical of the disease.

He was a gentleman who always worked up to the full capacity of his endurance, mental and physical. Shortly before he took ill, he was studying for high honors in the University, superintending our public schools, master of a lodge, president of St. Andrew's Society, etc., so that his days, and much of his nights were employed. In Nov., 1878, he began to complain of weariness, poor appetite, and about the same time had a slight bronchial hemorrhage; accompanying these symptoms were cold spells not amounting to chills, but the blood

seemed to leave the surface, and he would not rally until he took a hot foot bath and rest. His appetite was variable, craving food he was not accustomed to. Day by day he became more and more pale, and weak, particularly in the knees. About this time, one of our city physicians thinking it a case of cirrhosis of the liver, (although he had always been temperate and had no symptoms of it, that any body else could see), gave him a large dose of *Blue pill.* This occurred in March, 1878. From that time he sank much more rapidly; his appetite got very poor; he vomited daily; his temperature stood from 100 to 104. This high temperature is always a marked and constant symptom of this form of anæmia as distinctive from other diseases that seem to resemble it. Pulse 100 to 112; urine small in quantity, and of specific gravity 1.02, or natural; no albumen, sugar or bile. In fact, there seemed a great absence of symptoms to guide in the selection of remedies; weakness and anæmia without any great loss of flesh, were the only indications, excepting the vomiting, which had greatly lessened before we saw him. At one time, under a pretty free use of stimulants, he seemed to rally a little; his pulse fell fifteen or twenty beats, and his temperature came down to 99, but it was only for a short duration, for soon he began to sink again, and kept on steadily until he died, on June 29th, 1879, just about eight months from the time of his first sickness.

Some hours after his death, in company with Drs. Husband and Griffen, we made a very extended post mortem examination of all the internal viscera, with the most meager results. In fact, we found no morbid appearances except some fatty deposits in the walls of the chest and abdomen, in the heart and omentum, etc., but to no very great extent. We found what we might expect, very great atrophy of all the muscles; stomach looked healthy but pale and thin; liver sound. Dr. Griffen took portions of all the internal organs to the Hospital, and had them carefully examined with a very powerful microscope, but was unable to detect any marked change in any of them. And now, gentlemen, the question

comes up, what can be the cause of a disease of such difficult diagnosis, and still more difficult cure. For it must be difficult, when it baffled Drs. Rosburgh, Muller, Mallock and Griffen in one grand consultation, and after that, the combined faculty of Clifton Springs; and more than all that, my learned friends, Drs. Hall and Husband, as well as myself. And its cure must be difficult, for we, with the balance of the profession, failed to score in that direction. Some observers think it comes from some change in the marrow of the bones, too much lymph, etc. Others think the change in the marrow due to the anæmia, which is by far the most likely. There are, however, great changes in the blood, the red corpuscles are much smaller, shriveled, and at times one-fourth less in number. The white corpuscles on the other hand, are not increased, which is the great distinction between this disease and leukemia, in which the white corpuscles are very greatly increased in number. Another cause has recently been given by Dr. Cuttle, of Turin, who made nine autopsies of this disease and in seven he found a small worm in the duodenum and jejunum. It was a small cylindrical worm about one-tenth of an inch long with a powerful mouth for suction. These fasten by thousands upon the villous coat of the intestines and suck the life blood out of the patient. Those worms may be the cause of the disease or they may be the result of a depraved condition of the system. Another observer has found after death from pernicious anemia, decided alteration in the ganglia of the sympathetic nerve; great pigmentation of the nerve cells and turbidity of their protoplasm as well as fatty degeneration and alteration of structure. If we consider the functions over which these nerves preside such as digestion, chylosis, absorption and intestinal peristalsis, as well as the circulation of the blood and respiration, we can see that by an interruption of their functions, we must have imperfect assimilation of food, imperfect oxidation of blood, and, in general, imperfect nutrition of the system. In a word, anemia, debility, fatty degeneration and death. The remedeis which we relied on principaly were *Ars.* and *Phos.*, with stimulants.

EASY METHODS OF DETECTING BLOOD-STAINS.—1. Blood readily dissolves in distilled water, giving a reddish color. Blood dried upon iron and acted upon by the *Hydrated oxide of iron* is insoluble in water. It dissolves, however, on adding *Nitric acid.* The undissolved threads of fibrine may be examined under the microscope and chemically tested. (Dissolves in *acetic acid,* colored by test liquid of Million and Pettenkofer).

2. To the solution in water add weak *ammonia,* no change of color, or at least no change to *crimson* which excludes certain vegetable stains.

3. Boil a small quantity of the aqueous solution, the color is discharged and grayish floculi appear in it from coagulated albumen; these disappear on adding solution of *Caustic potassa* the color becoming green by reflected light, red by transmitted light.

4. Obtain the hæmin crystals. This last re-action I consider very delicate, the cystals never failing to appear even when the quantity of dried clot is exceedingly small; a fragment large enough to see distinctly is ample to afford scores of these characteristic forms. There are several methods of obtaining them, viz :

1. Virchow's plan: The fragment is crushed, an equal quantity of common salt added. After thoroughly mixing, moistened with glacial *Acetic acid,* covered and brought to boiling, or to dryness over the water bath.

2. Crush the fragment, add a drop of water holding a trace of common salt. I use one drop of a one per cent solution to ten of water. Cover and so place a drop of *Glacial acetic* that it will slowly run under, than heat over the water bath as before.

3. Boil the powdered blood with glacial acetic acid in a test tube and evaporate to dryness on a glass slip.

Other courses are prescribed, but unless the case is a special one, these, while simple, are entirely satisfactory. Reasonably skillful manipulation can not fail to give the charateristic, brown rhomboidal crystals many lying singly, other in crosses or stars. There are no known crystals of other substances thus obtained likely to deceive a practiced eye.

The simplest and most rational microscopic tests are these :

1. Dr. J. G, Richardson's method : Crush a minute fragment under cover, focus upon a suitable piece, a thin edge, then slowly run under distilled water.

2. The same with a one per cent solution of common salt.

3. The same with *Glycerine* and water—specific gravity one thousand and twenty-eight, prepared by mixing four fluid ounces of water with three and one-half drachms of *Glycerine;* some *Carbolic acid* should be added if the mixture is to be kept for use.

After using each of the above fluids, I conclude that distilled water is quite as sure to give results as the others.

TREATMENT OF SCARLET FEVER BY WARM BATH.—* * I began this practice ten years ago, and have followed it up from that time to the present. At first I order the patient to have three warm baths daily, to be kept in from three to five minutes, rapidly dried, wrapped in a blanket, and returned to bed. As the disease subsides I reduce the baths to two or one daily. I find that (1) it brings out the rash, (2) reduces the temperature, and (3) soothes the patient; and when this treatment has been adopted at the onset I have not as yet lost a single patient.

THE SIZE OF DROPS IN PRESCRIBING.—It was found that liquids containing a small proportion of water afford a small drop, and *vice versa*. Gmelin's statement "that the cohesion of liquids is pretty nearly its proportion to their specific gravity" is called in question, and the fact that *Alcohol*, and *Mercury* afford nearly the same number of drops to the drachm certainly throws considerable doubt on the matter. The size of drops is affected principally by the cohesion of the liquid, and the form of lip over which the drops falls. Bottles with ground necks and wide, thin, even lips give fair results, but are not so accurate as "droppers." The best of these will not, however, average at all well. The largest drop is formed by sirup of *Gum arabic*, forty-four to the drachm, and the smallest by *Chloroform* two hundred and fifty to the drahm. As a general rule, tinctures, fluid extracts, and essential oils yield a drop less than one-half the size of water; and sirups, dilute acids, and solutions give a drop but slightly smaller than water.

EFFECTS OF MEDICAL LEGISLATION.—It appears that the total number of practitioners in the State of Illinois, when the law regulating the practice of medicine went into effect, July 1, 1877, was about 7,400. Of these only 3,600, or less than one-half, were graduates or licentiates, the remaining 3,800 being unqualified practitioners. The graduates and licentiates at the present time number 4,825, and the non-graduates 1,500; or in other words, the number of qualified practitioners has increased by about 1,225, while the number of unqualified practitioners has decreased by 2,300, which gives a diminution in the total number of practitioners equal to 1,075. The number of itinerants in the States in 1877 was 73; in 1880, only 9. The number of cancer doctors in 1877 was 23; in 1880, only 4.

SOLE LEATHER SPLINTS.—The objections to the free use of leather for splints I have in large part overcome, by substituting for the human limb accurate casts in plaster of Paris of human limbs. These furnish resisting forms upon which the leather, previously moistened and rendered flexible, can be molded by the application of the requisite force, so that a splint made in the manner I shall describe, shall be a counterpart of the form

upon which it is made. To make a cast of a limb—taking for exampl the leg and foot—I first make a mold in the following manner: The limb is freely anointed with olive oil, after which a tightfitting stocking may be drawn upon it (a bandage nicely applied from the toes to the knee answers nearly as well as the stocking). For an adult limb, take one pound of beeswax and melt it by placing it in a basin of boiling water, when the melted wax will rise to the surface. With a flat paint brush, evenly and quickly apply the melted wax to the limb, the limb being held in the proper position by an assistant, taking care to apply it thinly when putting on the first layer, to avoid burning the model. After the limb is thinly covered with wax, it may be applied quite freely without burning. When a coating one-eighth of an inch thick has been formed upon the limb, cut through the stocking and wax upon the front of the leg, from the knee to the toe, and carefully spring the mold off the limb. Adjust the cut edges and fasten with a few strips of cloth dipped in hot wax, after which the mold is evenly bandaged to give it additional strength, and then placed in a box or keg containing light loam or sand, which is placed around the mold to support it evently while the plaster is being poured in. After the plaster "set," the mold may be removed from the casting in the same manner as from the limb, and laid, aside for subseqnent use. For the splint, a piece of sid-leather from one-sixteenth to one-fourth of an inch in thickness (according to the strength necessary for the splints), sufficient to invest the casting, is required. Before applying this, it should be soaked from one to three hours iu warm water until it is quite soft and flexible, then wrap it around the casting, cutting away the leather until the edges meet accurately in front, at the top of the cast, at which point it should be fastened with a strong cord. Then, with a long piece of marline or clothes line, closely wind the leather upon the cast, cutting away, in advance of the cord, the superfluous leather as it is drawn to the front, making the edges meet in the center of the cast in front; in this manner continue over the entire surface of the leather, which will be drawn in, and made to conform to every part of the surface beneath it. Place the whole in an oven to dry. Then remove the leather case from the cast, and cut it down the center behind, making two side splints. After cutting away the sharp edges, the splint is ready for use.

A number of castings of limbs, from persons of different ages and sizes, may in this manner be made, and upon them may be formed splints which would be adapted to all ordinary uses; Their durability enables them to be used an indefinite number of times, and, even though they may be moistened frequently in fitting them to the different individuals, they retain their form. With them, the ease with which a fractured limb may be dressed is reduced to a minimum, as is also the subseqnent care that a case of fracture requires. The splint being the exact mold of a limb in

proper position, as fractured limb, once encased with it, is firmly and accurately held in the proper position for the bones to unite. Extension is constantly maintained by reason of the splint taking hold of the whole surface of the limb. Either the scultetus or many tailed bandage may be employed to secure the splint, which will allow of easy examination of the limb with the least possible disturbance. The patient may be permitted to go upon crutches in four weeks with such a dressing, the lightness of which is no inconsiderable feature in the comfort he enjoys in this connection. In one case of fracture of both bones of leg, occurring in the practice of a friend, the patient was permitted to go about on crutches at the end of fourteen days, with this form of dressing. It is not claiming too much for it too make the statement that it will wholly take the place of plaster of Paris as a permanent dressing for fractures.

I can recall twenty-five cases of fracture of the leg in which I have employed this form of splint or seen it employed, and, in every instance, it has given eminent satisfaction to both patient and physician. I know of no case where deformity has followed its use, and in no cases where it has been used has the shortening of a limb exceeded one-half inch, while in many cases no shortening was discoverable. A number of surgeons of this city have employed it, and all report the most gratifying results from its use.

The same process I have described for making splints would, it seems to seems to me, be applicable for making the corset or jacket for spinal curvature. This appliance, made of leather, would possess many advantages over plaster of Paris, or the "paper and glue" brace of Dr. Morgan Vance. It could be easily removed for purposes of cleanliness; as the degree of curvature changed it could be remolded to accord with the changes. While its expensiveness, to begin with, might exceed those of other methods, its durability and the ability to use it over and over, would in the end make it the most economical apparatus.

Union of Tendons.—A stroke on the back of the hands divided all the tissues, and almost completely severed the metacarpal bones, except that of the thumb, just one and a half inches from the wrist joint. The distal ends of the tendons of the extensor communis digitorum were lying at the bottom of the wound much lacerated. The proximal ends were retracted to such an extent as not to be visible. Each retracted tendon was brought down by passing a pair of forceps along the sheath to the extent of three-quarters of an inch. A fine carbolized catgut suture was passed, first, through the centers and through the sheaths of the divided tendons and their ends brought well into apposition. Immediately after the sutures were fastened, the patient was able to extend his fingers almost as well as before the accident. The patient made a good recovery, and the power of extension is free and strong.

Book Notices.

The Surgery, Surgical Pathology, and Surgical Anatomy of the Female Pelvic Organs. In a Series of Plates taken from Nature, with Commentaries, Notes and Cases. By Henry Savage, M. D., London. Third Edition. Revised and Greatly Extended. Thirty-two plates and Twenty-two Wood Engravings, with Special Illustrations of the Operations or Vesico-Vaginal Fistula, Ovariotomy, and Perineal Operations. Wm. Wood & Co., New York.

This somewhat extended title, after all, but feebly represents the merits of this book. As a mere business enterprise, the publishers have accomplished a remarkable feat in bringing out this work. It is richly worth all that is asked for the entire series. There is no excuse now for any one attempting to treat female diseases without a proper knowledge of the subject. The busiest practitioner can, if he have the right books, refresh his memory in a very few moments. Such an one will look with delighted eyes upon this work of Savage's. As for the student with such a book in hand, his ignorance, sooner or later, becomes almost a crime. Any attempt to give an adequate representation of the book before us, must fall short of its purpose. We advise our readers to not fail in procuring it, and for this purpose subscribe for the 1880 series. Address Wm. Wood & Co., New York.

Johnson's Natural History. Illustrating and Describing the Animal Kingdom, etc., etc. 1550 life-like engravings. Vols. I and II. 1500 Imperial octavo pages. W. B. Stickney, Ann Arbor, and A. J. Johnson & Co., New York.

Nothing more royal than this has ever been presented to the public. There is only one word that describes it, and "superb" is that word. There is undoubtedly a growing taste for the facts of natural history. The animal races are a source of inexhaustible enjoyment and instruction to the young. Whatever a child may learn of these curious and beautiful beings, he is sure to have abundant means of illustration on every hand. The time is past when such knowledge is kept hidden away in the books and collections of scientists The author of this work has popularized the subject, and while adhering strictly to the most exact classifications, he has brought it all within the comprehensions of a child. This is the

book for he household, for the family library and for the family circle. It will be a feast, that while it can be eaten at pleasure, it can never be consumed. Happy will be the girls and boys who, gathered these long winter nights about the fireside, have these beautiful books to read. We may add that this work is unequaled for reference, and can be relied upon by students, and specialists in natural history.

Transactions of the American Ins itute of Homœopathy, 1880.

It seems like old times to have the proceedings of this society placed so promptly in our hands. Thanks to Secretary Burgher that we have the volume so soon and in such admirable shape. The present form is a great improvement over the method of publishing previously followed. The present year's work is something to be proud of. We expect, with a continuation of the energy displayed in getting out this report, to find the membership largely increased. This book alone is worth twice what it costs to join the Institute.

Transactions of the World's Homœopathic Convention, 1876.

Dr. J. C. Guernsey writes us that he is hard at work upon the above volumes, and that one of them, the historic, is all in type, excepting only the chapter on "literature." He fully expected this volume would be issued by December 1st, but it has taken a much longer time to procure and complete the many missing links in this important work than he anticipated. Meanwhile he has had seven hundred and five pages of proof struck from the stereotyped plates of the remaining volume.

The profession will thus see that the work is well forwarded, and that the volumes will, in due time, be ready for distribution to all those who are square in their accounts with the Treasurer of the American Institute of Homœopathy.

Photographic Illustrations of Cutaneous Syphilis.

By Geo. Henry Fox, A. M., M. D., New York. 48 Quarto Plates, from Life. Colored by Hand, with Descriptive Text. In 12 Numbers—Issued Monthly—$2 each.

We are in receipt of the first three numbers. They are admirable, and we heartily commend them to our readers. They contain the following illustrations: No. 1. Syph. Erythematosum (breast), Syph. Erythematosum (back), Pigmentatio Post Syphiloderma, Leucoderma Post Syphiloderma. No. 2. Syph. Papulosum Lenticulare, Syph. Papulosum Miliare, Syph. Papulosum Squamosum (back), Syph. Papulosum Squamosum

(arm). No. 3. Syph. Papulo Pustulosum, Syph. Pustulosum Corymbiforme, Syph. Pustulosum, Syph. Pustulosum et Papulosam. E. B. Treat Publisher, 757 Broadway, N. Y.

RECEIVED.

THE Method of Our Work, Not Faith, is the Basis of Organization of Medical Societies. By C. Wesselhœft, M. D., President American Institute of Homœopathy, 32d session, 1879.

THERAPEUTIC KEY, or Practical Guide for the Homœopathic Treatment of Diseases in General. By I. D. Johnson, M. D. Tenth Edition. Revised, Improved and Enlarged. Boericke & Tafel, 1881.

GREGG ON DIPHTHERIA.—Our notice of this work was based upon an examination of advanced sheets. Since then, we have received the work, and it confirms our high opinion of its value.

TRANSACTIONS of the Eleventh Annual Meeting of the Homœopathic Medical Society of the State of Michigan.

INTRODUCTORY EXERCISES to the Fifth Course of Lectures of the Chicago Homœopathic College, 1880.

THE LONDON LANCET. American reprint by the Industrial Publication Co., 14 Dey St., New York. This splendid journal should be read by every one in the profession. It is the best of its kind by a large majority.

ADDRESS delivered before the joint convention of the Western Academy and Minnesota Institute of Homœopathy. By G. S. Walker, M. D., of St. Louis, President of the Academy. We have before noticed this address and again commend it heartily to our readers.

Editor's Table.

BLOOD-LETTING IN PNEUMONIA.—A vigorous writer in a late number of the St. Louis Clinical Record, old school, calls upon the profession to return to venesection for the treatment of pneumonia. He expresses himself in unequivocal language, and believes with Gross that blood-letting may nearly be classed among the lost arts. Thirty-eight years personal experience, and the practice of our fathers, are referred to as support for

this treatment. He quotes approvingly from Dr. Gross's effort in 1875, before the American Medical Association, entitled, "Blood-Letting as One of the Lost Arts," and the editor makes the paper the leading article for that issue of the journal. If blood letting is not restored to its former prominent position in the practice of medicine, it will not be on account of lack of earnestness on the part of some, who labor for that end.

The old school have a great mass of material in the shape of general practitioners, which will never be reformed, neither will they employ successfully the improved methods of treatment presented by their best men such as Bennett, Flint, etc. The rural districts will be changed only as the places of the present practitioners are filled with better men and many times will the new comer be degraded into following the old methods from the pressure of the environment. Bad practice influences the course of better practitioners.

When failure results from the treatment pursued by many practitioners, they do not hesitate to condemn any thing but themselves; if the treatment be presented by able men whose positions are recognized and the efficacy of the treatment well established by clinical verification then the disease in their locality is a different type. As this writer has intimated pneumonia in Missouri is genuine pneumonia but the hundred and five cases treated by Bennett were something else. Presenting the great mass of O. S. practitioners with any really good thing is like the act of the English building a railroad for the Chinese; they are not far enough advanced to appreciate the products of progress. Certain English capitalists contructed a railroad in China; after equipping and successfully running it, they sold it to the government. The government did not like such innovations on the time honored customs of its inhabitants, so they collected the rolling stock, tore up the rails and ties and stored them. They preferred to have their vehicles drawn by human motion power. Only a few of the O. S. practitioners can appreciate the lessons taught by Homœopathy and the demands of the intelligent part of the community. Give many the proper remedies, and they do like the foolish individual, who wanted to send a boat of provisions across a rough stream. When loading near the shore he filled the boat to its full capacity and after leaving and nearing the uneven center the result was failure to reach the destination and death to the afflicted. It is evident to observers that the O. S. treatment under the new regime is not successful, and that they dread it more than intermittent fever for which they claim to have a specific, and this specific is given for every thing; but as this writer has said, "I believe a good many pneumonic patients are killed with Quinine." Fourteen deaths from pneumonia for the week ending Dec. 3d, in Cincinnati do not speak well for the Quinine treatment.—P.

THROUGH the efforts of The Sanitary Engineer, the National Board of Trade, at their annual meeting in Washington, last December, were in-

duced to institute a competition for "the best Act or Acts, accompanied by an essay, designed to prevent injurious adulteration, and to regulate the sale of food, without imposing unnecessary burdens upon commerce." One thousand dollars was offered in prizes, which sum had been given to the Board for that purpose by Mr. F. B. Thurber, of New York. The terms of the competition were published in The Sanitary Engineer, and the necessary details were taken in charge by that journal.

The competition closed October 1st, and the Committee of Award have just made their report. In addition to awarding the prizes, the committee were required to prepare and submit to the Board of Trade, a draft of a suitable National and State Bill, designed to secure the results which the competition was instituted to accomplish. It is believed that no abler or more competent committee could have been selected to perform this difficult and delicate task, and it is therefore to be hoped that the laws which they recommend will soon be upon our statute books. The report of the committee, the drafts of bills, and the prize essays will appear in The Sanitary Engineer.

DIPHTHERIA is prevailing extensively in various parts of the country. The health officer of Chicago says he can not get at the exact number of cases, because so many physicians in that city fail to distinguish between diphtheria and croup. So much for having a State Board of Health, O, Chicago!

THEY have an "Anti-Metric Society" in Cleveland. The President says the metric system is "atheistic". He calls upon the members to engage "in earnest prayer to God" to not "permit a band of misguided, and conspiring men, backed by monarchical nations of Europe to rob us of the crown jewels of our Nation, that which marks our nationality, our history, our race, as distinct from the idolators." We beg to suggest this addition to "the creed": I believe in Long and Short measure. I believe especially in Ale, Wine, and Beer Measure. I believe also in Avoirdupois and Troy Weights, and to all who would assault our time honored institutions we will not give an inch, but are willing to give them an 'ell.

DIPHTHERIA AND SCARLET FEVER in New York and Brooklyn.—NEW YORK, Nov. 29.—There is general alarm over the spread of diphtheria in this city and Brooklyn. In New York there were three hundred and sixty cases reported in September, October, and November of 1879, and for the same months of this year, up to the 20th of November, there have been one thousand cases. The comparison of the figures necessarily creates alarm For the quarter ending March 27 of this year, there were one hundred and ninety-one deaths from diphtheria in Brooklyn. For the second quarter, ending June 20, the mortality was one hundred and sixty-one; and for the three months ending, Sept. 25 the deaths numbered one hundred and six ty-four. Since Sept. 25 up to Nov. 25, inclusive, there were three hundred and seventy-one fatal cases of diphtheria recorded at the Bureau of Vital

Statistics making the total deaths since Jan. 1, eight hundred and eighty-seven. There were one hundred and eleven cases of diphtheria reported during the past six days, thirty-one of which proved fatal. For the corresponding period of last week there were one hundred and twenty cases, there being a decrease of ninety-eight this week as compared with the corresponding period of last week.

Scarlet-fever is also prevalent in Brooklyn. Last week there were thirty-six cases of that disease reported, and six deaths. For the past six days of the present week there were fifty-nine cases and six deaths.

THE *Scientific American* of this week contains two full page illustrations of Captain Eads' proposed railway for transporting ships, with their cargo, across continents.

Captain Eads claims by his plan to be able to take loaded ships of the largest tonnage from one ocean to the other across the Isthmus of Panama, as readily as can be done by a canal after the Lessup plan, and at a much less cost for engineering construction.

The project is certainly bold and ingenius, and the projector anticipates no serious difficulties in carrying forward his enterprise. The engravings referred to in the *Scientific American* show the proposed construction of not only the railroad, but the appliances for transferring the ships from the water to the rail.

In addition to the large number of engravings, illustrative of engineering works, inventions and new discoveries which appear weekly, the *Scientific American* has, during the past year, devoted considerable space to illustrating and describing leading establishments devoted to different manufacturing industries.

This feature has added very much to the attractiveness and usefulness of the paper. More than fifty of the most important industrial establishments of our country have been illustrated, and the processes of the different manufactures described in its columns. The *Scientific American* has been published for more than thirty-four years, by MUUN & Co., 37 Park Row, N. Y., and has attained a larger weekly circulation than all similar papers published in the country. The publishers assure the public that they have not printed less than 50,000 copies a week for several months.

DR. E. BECKWITH has located at Deleware, O., taking the office of Dr. R. S. Boner, deceased Nov. 27, following shortly Dr. L. Barnes's decease. Dr. Beckwith informs us several experienced homœopathic physicians could secure good practices at Deleware.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION, in 1881, will assemble in London, on July 11, and a cordial invitation has been extended to American physicians to attend. The undersigned were appointed by the American Institute of Homœopathy, a committee, with full powers to make arrangements. In order to do this in the most satisfactory manner, it is important to know the approximate number of those who will attend.

By communicating at once to one of this committee, the names of such physicians as now intend to go, and the number to accompany them, the work will be facilitated. I. T. Talbot, 66 Marlborough street, Boston; Wm. Tod Helmuth, 299 Madison avenue, New York; Bushrod W. James, 18th and Green streets, Philadelphia, Committee.

DEAR DOCTOR:—From the frequency with which small cysts are found in the ovaries of young children and infants after death, and the difficulty experienced in tracing the origin of these tumors to any definite cause after birth, it is reasonable to suppose that they often arise from defects in the fœtal development of the ovaries. If this is the case, it seems probable that these defects are as often corrected by homœopathic treatment, as are those found in other parts of the body, and, therefore, ovarian tumors develop less frequently in females who have habitually used this system of medicine from childhood, than in those who have used the other practice. As the history of a large number of cases is the only evidence from which correct conclusions can be drawn, you are most earnestly requested to report all cases that have come under your notice, by furnishing answers to the questions submitted in the accompanying blank form.—B. FRANK BETTS, M. D., 17th street and Girard avenue, Philadelphia, Pa.

THE Homœopathic Department of the Iowa University, we have been requested to say, has a larger class than ever before. The facilities for instructing are superior, and the future promises to be highly gratifying to the profession.

IN ANSWER to "Student's" inquiry, as to the best mortar for making homœopathic triturations, I prefer Wedgewood above all others. Second, as to cleaning, wash thoroughly in soft water, then add a teaspoon or a tablespoonful of pure *Alcohol*, the quantity depending upon the size of mortar—apply a match and burn it out. In this way you may cleanse sufficiently for all triturations beyond the first.—W., Geneseo, N. Y. Nov. 19, 1880.

A SPLENDID LOCATION.—TRINIDAD, COLORADO.—This is a fine opening for a good homœopath. Water works; good buildings; population, 5,000; growing rapidly; will soon have gas. Dr. Seward, who has been located there for the past four years, has struck a "gold mine," and removed to Arizona. People well educated to Homœopathy For full particulars address Dr. S., Box 158, Longmont, Col.

DR. T. F. POMEROY is located at 547 Bramhall avenue, Jersey City.

"I RECOMMEND your careful attention to the article in the November number of the ADVANCE, 'The Heart as Affected by Smoking.' It will pay."—P.

DR. J. W. CLEMMER has moved to Columbus, and taken the office formerly occupied by Dr. J. H. Coulter, deceased.

DR. P. B. HOYT from Paris, Ill., to Norwalk, O.

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T. P. WILSON, M. D., EDITOR. ANN ARBOR, MICH.
J. P. GEPPERT, M. D., ASS'T EDITOR CINCINNATI, O.

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All subscriptions and business communications should be addressed to MEDICAL ADVANCE CO., Publishers, 305 Race st., Cincinnati, O. Subscription $2. per annum.

A HAPPY NEW YEAR TO ALL! The editor doffs his cap and tenders his best bow to the large and widening circle of ADVANCE readers. Most of them have been in close alliance with us for many years. The well bound and portly volumes of our journal which now grace our libraries are a substantial evidence of our work, both as to quality and quantity. The editor is ashamed of neither his own work nor of the work of his valuable contributors. That we have a growing list of readers is some proof that we have met the wants of the medical profession. We have honestly tried to keep out of the ruts. We believe in going forward. At the same time we have taken care to not mistake change for progress. We believe with all our soul in medicine as a science. We believe in the curative power of drugs and it is our candid opinion that when drugs and diseases are properly studied and understood, there will be the best possible result obtained in using the former for the cure of the latter. We have before us the law of similia. It can be followed in every known case with certainty. It can be applied with safety. It is either this or the chaos of empiricism. For our part we prefer to follow a law. An experience extending over nearly a quarter of a century has only served to deepen our confidence in this great therapeutic law. The future aim of the ADVANCE will be to illustrate and enforce this belief. We solicit your help and pray for a continuance of your patronage. If we all zealously do our work, then the homœopathic school will not retrograde nor stand still, but go forward to a glorious future. Let us ADVANCE together.

COMPARATIVE MEDICINE.—It has long been a favorite notion of ours that the student should study other principles and modes of practice than the one he proposes to follow. He should be generally well informed of the doings of his neighbors. Comparative studies will lead him to investigate all the prevalent modes of practice. The value of this can not be well overestimated. For several years past we have urged this course upon our students. In treating of the principles of medicine, we have tried to take a broad and catholic view of the various questions included in this department. We have taken the homœopathic, the allopathic, the eclectic, and the physio-medical schools, and plainly and briefly presented their theories and modes of practice. Much good in our estimation has come from this. By this means the homœopath better understands his own principles. If in practice he afterward chooses to diverge from the homœopathic law he will have the satisfaction of knowing it when he does so. He will not commit the oft repeated folly of employing allopathic and eclectic agents, and then supposing or pretending they are homœopathic. The true path will be made all the plainer by understanding the false ones. This is our notion of it. It has so far worked well. But there lies before us a prospectus of a forthcoming work on "Comparative Therapeutics," which if any one mistakes for an effort in furtherance of the ideas we have just expressed, he will find himself greatly mistaken. The attempt to *practice* comparative medicine is an absurdity on its face. Comparative theology is a favorite study among theologians. But what sort of a theologian would he be who was by turns a Christian, a Mohamedan and a Buddhist? This book of which we are speaking is the first attempt to supply a literature to the "good Lord, good Devil" fraternity. The writer is a professed homœopath, and the publishers are recognized homœopaths, and the homœopathic school is expected to hold paternal relations toward it. It is already eagerly endorsed by just that class of men which has long held to amalgamation as a cardinal virtue. The author of this book very reverently designates the allopathic school as "Regulars." No doubt he thinks them so. So do his endorsers. The term is an impudent assumption on the part of the allopathic school, and it is disgusting when uttered by a homœopath. "On the homœopathic side" the author has gleaned from five writers, not one of whom ever has or can represent the homœopathic school at its best. They are all quasi homœopaths, but they serve an efficient purpose in misleading the earnest searcher after truth. We earnestly deprecate all efforts at amalgamation between the various schools. The man who attempts to practice all kinds is no honor or benefit to the cause of medical art.

IT IS A CURIOUS FACT that the advertising sheets of our allopathic journals contain more matter upon the practice of medicine, after their fashion, than do the journals themselves. You turn over their well filled

pages in vain to find what remedies may with any degree of certainty be prescribed in the various forms of disease. You find plenty of doubt and uncertainty. Both editors and contributors are infidelic to the core upon the subject of therapeutics. They have fine essays upon pathology. They write well upon surgery, and for a change they give us splendid dissertations upon sanitary science. Why should they trouble themselves about the cure of diseases? For that purpose the advertising sheets are amply sufficient. Look at the things there set forth! Every ill that flesh is heir to is provided for. There are the bromides, the salicylates and the hypophosphites; there are malt and pepsine done up in every conceivable form; there are mineral waters, both natural and artificial; there are plasters and elixirs and syrups; there are fifty or a hundred things put up in English and German and French, and they are all "endorsed by the faculty." The allopathic professors seem willing and happy to endorse almost anything for a consideration or a song. You might be puzzled often in turning over the journal to find what Allopathy could or would do for disease. Evidently a sentimental spirit of expectancy has paralyzed those who profess to represent that school. But when you turn to the advertising sheets the case is clear enough. Here you find a remedy, sometimes a dozen of them, for every known disease. They are offered in no apologetic, half hearted way. The proprietors of these nostrums have their say, and then "the faculty" come in and certify to all that is declared of their marvelous virtues. This is a curious and lamentable state of affairs. No wonder that medical practice in the allopathic school is falling into disrepute! What can you expect of the therapeutics of a medical school that relegates that department to the shops? However, it must be very humiliating to an intelligent physician of that school to find his current literature so sandwiched in between such detestable stuff. He knows how little truth there is in the statements of these drug proprietors. He knows just how worthless their preparations are, and he must feel ashamed that they are allowed to cling onto his journal as do barnacles upon a ship. Well, it is n't our funeral exactly, but we are nevertheless sincere mourners over so palpable a degradation of medical science and art.

THE HOMŒOPATHIC JOURNAL, a monthly journal published by BEDELL & BRO., New York, and edited by Dr. E. J. LEE, of Philadelphia. Established to preserve "the strict inductive method of HAHNEMANN," as specially desired by Dr. C. HERING. It presents an able corps of contributors, viz.: Drs. H. C. ALLEN, T. F. ALLEN, J. B. BELL, E. W. BERRIDGE, A. C. COWPERTHWAIT, W. H. JENNY, AD. and C. LIPPE, THOS. MOORE, C. F. NICHOLS, C. PEARSON, THOS. SKINNER, T. P. WILSON and others. The first number of this, the eighteenth American homœopathic journal, will appear in January. We bespeak for it a hearty reception and success.

Theory and Practice.

Clinical Experience with "High Potencies." By John Hall, M. D., Toronto. Read before the Canadian Institute of Homœopathy. Part II.

CASE IV.—February 1, 1880. Mr. S.'s child, a mild, blonde, gentle little creature, took diphtheria from her father; the whole family, father, mother, two children, and servant, having been attacked severely, and yielding principally to the *Cyanide of mercury* 30, which I have found very often to cure the disease without aid from other medicines. The child above referred to, took the affection in the ordinary way, and received, like the others, *Cyan. merc.* 30, and seemed to progress favorably until the 7th. At this stage a slight cough began, while the exudation of the tonsils, not quite detached, was seen to have descended, threatening the larynx. Child awaking from sleep with hoarse cough. *Lach.* 2*c*, every four hours.

Feb. 9. Disease progressing. *Sac. lac.*

Feb. 10. Difficulty of breathing increasing, and cough painfully croupy; always worse on awaking from sleep, or rather awakened by it. *Lach.* 6*om*, two doses.

Feb. 11. Disease seemed under control, certainly no worse; slightly better. *Sac. lac.*

Feb. 12, 9 a. m. Alarmingly worse; every breath with extreme dyspnœa; face pale, and cough most distressing; voice almost lost; pulse very rapid. *Lachesis cm*, repeating every second hour, watching carefully for signs of amelioration. Six p. m. Decided improvement after three doses; child sitting up on my arrival in the evening, and asking for food (milk); cough softer; pulse falling. *Sac. lac.*

Feb. 13. Continues to improve, excepting the voice, which remains cracked. *Sac. lac.*

Feb. 19. All well excepting the voice, which is almost inaudible. *Lycop*, 71*m*.

March 8. Voice greatly improved, but not quite natural. *Lycop. cm.*

April. Perfect recovery, and had no unfavorable sequelæ. Health at this time, Oct 23, perfect, and has required no other aid.

CASE V. –April 11, 1880. M. M. E., girl, aet. three; blonde, affectionate, but easily irritated; had a peculiar rash, with fever, during two or three days; at first supposed to be measles, as two other children of the family had just passed through that disease, and the parents were naturally expecting it; moreover, at first the exanthem most resembled measles. Six p. m. Tongue very dry; high fever; pulse about 130; skin deep red all over; but in addition to this uniform redness, there was also an abundant rash, showing innumerable fine spots or points of a brighter red, slightly elevated, so as to be perceptible to the touch, and very itching. Diagnosis, scarlatina, complicated with scarlet rash; throat swollen, intensely bright red, with signs of diphtheritic exudation of a dirty grey. *Apis* 2*om*, one dose.

April 12, 10 a. m, Condition much the same; examination of the throat almost impossible without violence. *Sac. lac.* Six p. m. Symptoms much the same; hardly any better, but as yet there seems no special indication for another remedy. *Sac. lac.*

April 13, 10 a. m. Child attacked about midnight last night with a hoarse, croupy cough, continuing all night, preventing sleep; diphtheritic membrane covered the tonsils and fauces, and had evidently descended to the larynx; could not clearly determine whether the exudation had begun on the eft or right side; breath very fœtid; tongue still very dry; great thirst; heat of the surface intense; awakened from her short naps by the cough; always worse at that time, as if strangling. *Lachesis* 6*om*, one dose. Six p. m. Child getting worse towards night. *Lachesis cm*, one dose.

April 14, 4 a. m. Disease advanced in intensity until 4 a. m., at which time her condition was desperate; tongue dry; constant, distressing, croupy cough; throat loaded with tenacious membrane, which the child was unable to detach,

though she made strong and intelligent efforts to do so, saying, after fatiguing herself by numerous attempts, "it won't come." She had not really slept beyond short snatches, for two days and nights, and constantly complained, "I'm tired." The pulse at this time was 140, much thirst, and milk had been allowed with water freely; breath fœtid, and limbs beginning to get blue and cold. *Lachesis cm* repeated. Ten a. m. Found the little patient so much better that she was sitting up in bed playing with her toys, looking bright and relieved; pulse 120; bowels moved naturally—the first for several days. From this time she continued to improve, until April 18, when, the voice continuing weak and unnatural, she received a further dose of *Lachesis cm*, on which she finally recovered both voice and health.

Oct. 24, 1880. Is now the picture of health and strength, the disease not having left the slightest trace of its ravages in her system.

Who can contemplate the last two cases without a thrill of gratitude to the memory of Constantine Hering, the grand self-sacrificing old man who gave us *Lachesis*, and at a cost of suffering to himself from which he never wholly recovered! Were it not for such men, Homœopathy would have become extinct, merged by its "mongrel" practitioners into the absurdity of eclecticism. Let us take to heart the weighty truth he gave utterance to in the very last paper he wrote: "If our school ever gives up the strict inductive method of Hahnemann we are lost, and deserve to be mentioned only as a caricature in the history of medicine."

CASE VI.—INTERMITTENT FEVER.—Sep. 25, 1880. B. M. M., act. nine; sanguine temperament, with robust, full habit; has complained the past four days of a chill at noon, daily, without thirst, and beginning in the hands and feet, with frontal headache, and rather sleepy; desires to be covered; fever succeeds with thirst for large quantities of cold water; fever keeping up all night, until 8 a. m.; least noise causes headache; chest painful, as if oppressed; no sweat. *Gelsemium* 30*m*, one dose.

Sep. 26. Fever at noon preceded by a chill hardly perceptible; fever continued, with thirst all night, until 8 a. m.; no sweat. *Sac. lac.*

Sep. 27. Fever at noon, and no chill, continuing until six p. m., then abating, with slight sweat. *Gels. cm.*

Sep. 29. Chilly at 11:30 a. m. (exact hour of *Gels.* has changed); no thirst, but nausea at the beginning of the chill; fever at 6 p. m., until midnight; no sweat.

Oct. 1, 4 p. m. Chill 12:30 p. m., with hunger; chill began in the hands and feet; feels much better; fever at 5 p. m.; paroxysms very irregular, and none of the stages seem well developed, (see Hering's undefined development of chill and heat), either simultaneously or in alternation. *Ars.* 50*m.* one dose.

Oct. 3. The slightest chill about noon, and no fever.

Oct. 5. No further paroxysm, and feeling quite well. The choice between *Gelsem.* and *Arsen. m.* was not easy, there being about an equal number of symptoms for each. It is not improbable that the latter would have cured the case alone, and more quickly.

Case VII.—A Tedious Case of Intermittent Fever. —Sep. 5, 1880. T. R. R., child, aet. two years, girl, mild and amiable. Eleven days since attacked with an intermitting fever, recurring every alternate day, chill beginning at 11 a. m. The disease had been treated by *Quinine*, which can never cure such a type, being unable to induce it, but alter in a pernicious manner the type, converting the natural tertian into an artificial quotidian; chill with thirst at 11 a. m., succeeded by fever with thirst for large draughts of cold water. In consideration of the abuse by *Quinine*, and the original type being a tertian, at 10 a. m I gave as both antidote and cure *Nat. m.* 10*m.*

Sept. 8. Not much change, chill recurring about 11 a. m., daily, with thirst and subsequent fever, also with thirst and subsequent sweat. *Nat. m.* 60*m.*

Sept. 9. Chill 10:45 a. m., preceded by flueut coryza. Fever moderate, less thirst, weak, less sweat. *Sac lac.*

Sept. 10. Chill at 10:30 as above; no change. *Gels.* 30*m.*

Sept. 14. Chill continues to recur with the other symptoms, but at 10 a. m. *Nat. m. cm.*

Sept. 16. Chill continuing to recur I gave one dose of *Apis* 40*m*, as so often complimentary to *Nat. m.* and correcting its action where it has been given in error. The result was a return of the chill at exactly the same hour, 11 a. m. daily, beginning with blue hands and nails, and crying for an hour. My conclusion was that *Gels.* was the remedy, as it presented the nearest similimum, but having exhibited it twice without results, began to enquire if there might not be some psoric taint in the child to be treated before success with *Gels.* could be obtained, and on Sept. 22 here are my notes: 1. Pricking in the anus during the fever and when sitting; ascarides. 2. Peevish, pale, yellowish face. 3. Whitish clay colored stools. 4. Always a poor sleeper. 5. Cold, damp feet always. 6. Stomach swollen outwardly like an inverted saucer. 7. Great craving for eggs, indeed will take nothing else. Here was a picture every feature of which pointed to one remedy, *Cal. carb.* 21*m.* This was given, one dose.

Sept. 23. Chill without shake, exactly 11 a. m., as before. *Gels.*

Sept. 24. Very blue face and hands at 11 a. m. with subsequent fever; very quiet; all over at 3 p. m.; eats well after; still craves eggs.

Sept. 25. No chill to-day, cold hands merely; fever at 11:15 a. m. and again about 7 p. m., a reaction of *Cal. c.*

Sept. 26. No chill except in hands; fever about noon.

Sept. 27, 28 and 29. Recurrence of cold, blue hands and feet, daily, at 11 a. m., exactly. *Gels. cm.*

Sept. 30. No return of chill or fever to-day.

Oct. 3. Not any return either of chill or fever, and child quite well and happy.

The foregoing case was difficult but instructive, as illustrating the accuracy of Hahnemann's suggestions as given in Lecture 242, in his wonderful treasury of therapeutic wisdom, the Organon: "If in an epidemic intermittent the first paroxysm have passed over uncured, or if the patient's

strength had been reduced by improper allopathic treatment, then the internal psoric miasm (though slumbering, yet unfortunately existing in so many persons) developes itself, assumes here the intermittent type, and in appearance continues to play the part of the intermittent fever itself, so that the medicine which would have been beneficial in the incipient paroxysms (rarely an anti-psoric) is now no longer suitable or capable of affording relief. The disease at present to be combatted has generated into a psoric intermittent, which is generally overcome by a minute dose, seldom repeated, of *Sulph.* or *Hepar sulph.* of the highest developments." We have seen, governed by the totality of symptoms, that *Cal. carb.* was the anti-psoric called for, and after it had been allowed a full week for action, a single dose of the non-anti-psoric medicine, as called for by the chill beginning in the hands and returning exactly at the same hour, (*Gels.*) cured the remaining symptoms promptly, which it failed to do before the *Cal. carb.* was given. It is not too much to say that had this child been under the care of a genuine homœopath from birth, such a necessity for *Cal. carb.* and consequent delay in the cure could not have arisen, as the psoric taint would have been recognised and treated at once. How little can parents comprehend the blessings of true Homœopathy to their offspring.

CASE VII.—MEMBRANOUS DYSMENORRHŒA.—June 5, '80. Mrs. E. D. F., aet. thirty, New York, dark hair, small stature, amiable disposition. Has a long time complained of terrible forcing, expulsive pains at each menstrual nisus, continuing until detatched pieces of a thin membrane, like very thin skin, are expelled, for which no medical aid has hitherto availed anything towards cure or relief. Is pale, dark under the eyes, thin, bearing the duty of mother very hardly, is always poorly and depressed in damp or wet weather, and very sensitive to cold, damp air and changes in the weather; flow abundant. *Rhus tox.* 30*m* to be taken after the menstrual nisus is over, and after the next one *Rhus tox.* 75*m.*

Sept. 20. Reports that the first period after taking medicine passed with much less pain, the second she experienced

scarcely any pain. She writes, "The medicine has certainly helped me very much; it is a long time since I suffered so little." *Rhus tox. cm.*

CASE IX.—Sept. 11, '80. Miss H., aet. twenty-three, teacher, lively, energetic temperament, hair dark. Subject since last April to a catarrhal affection of the head and nose; much sneezing in the forenoons about 10 to 11; also a great sufferer during the menstrual period, which recur when due, but are scanty and attended with fearful throes of forcing pains, expelling a skinny-like substance, and if ever a period passes with less pain she suffers doubly the next time; a very chilly habit, especially in dry, cold air; enjoys and feels better in mild dampness; feet perspire profusely. *Silicea* 20*m.*

Sept. 25. Menstrual period came on with much less pain and feels every way better excepting the catarrh, which remains without change. After waiting a week take *Silic.* 40*m.*

Oct. 9. Calls to report that the second period passed without any pain, all being quite natural. Recent cold calls for *Nux v.* 2*c*, four nights.

Oct. 24. Now reports the catarrh greatly relieved, almost well; the recent cold quickly cured by the *Nux v.* 2*c*. She now passes many mornings without sneezing, etc., and very much less liable to feel the cold.

CASE X.—Nov. 28, 1876. T. S., aet. thirty, married, boat builder, blonde, pale, sickly looking. Sought my advice in reference to a fistula in ano, from which he had suffered eighteen months, and experienced much pain and inconvenience therefrom. Had consulted one of our old school surgeons, who operated in the usual manner, by laying open the canal and compressing the sides in hope of a complete closure of the sinus. Fortunately for the patient this proceedure was only partially successful; the parts adhered to a certain extent, and much moderated the purulent discharge. This being diminished it was not surprising that the man's health began to fail. General debility set in, weak spells, oppression and weakness of the chest, and great fears were entertained that he must give up work for good. Happily the latent energy of his constitution at length forced open

the aperture, and pus was again freely discharged with a sense of relief to many of his chest symptoms, but the fistula was there with all its annoying trains of sufferings, and the general health though evidently improved, still threatened to give way ultimately by this exhausting drain. His condition was as follows: 1. Fistula in ano of eighteen months, very painful during defecation, with copious discharge. 2. Very easy perspiration on the slightest exertion. 3. Chest feels weak and shoulders stooping. 4. Greasy skin of the face. 5. Depressed, yielding state of mind. 6. Poorly and more depressed in cold, damp weather. 7. Craves acids with all his food, no appetite without a pickle; also uses great quantities of salt, food never contains enough. 8. Chilliness. He received one dose of *Thuja oc.* 5*m*. (See Lippe's Materia Medica.)

Dec. 26. Reports much less pain during stool and feeling generally better. Being a poor man and unable to see me without loss of work, I ventured on the following: *Thuja* 50*m*, 80*m* and 5*m* every alternate two weeks, repeating the doses more frequently than I would have done, he being unable to call excepting at long intervals, and subject to some antidotal effect from unwholesome living and dwelling.

Feb. 1, 1877. Discharge diminishing and health improving.

March 1. Continues to progress favorably. Medicine to be continued semi-monthly as before.

June 6. Recent wetting caused severe cold on chest. *Rhus* 3*c*.

July 28. *Thuja* 50*m* and 80*m* semi-monthly.

Oct. 13. Slow amendment. Continue the medicine as before.

Dec. 17. Disease remaining without further improvement, gave *Silicea* 20*m* and after three weeks *Silicea* 40*m*. Since then he has received no treatment. The fistula has healed perfectly without the slighest injury to his health, indeed, that has been so fully regenerated that it would be difficult to find a man looking a better representative of a sound, vigorous body than he. His cure was probably much delayed by the patient's inability to see me more frequently.

CASE XI.—TABES MESENTERICA(?)—Oct. 11, 1880. Mrs. K. brought her daughter to me, aged seventeen months. Had been ailing at least twelve months. The early symptoms were a gradual, increasing distension and hardness of the abdomen, succeeded by a frequently recurring diarrhœa; the diarrhœa from the beginning mostly at night and very offensive. These symptoms, notwithstanding allopathic treatment had continued to increase in severity until the past four weeks, when they became greatly intensified, and at the time of my seeing her presented the following conditions, which may be said not to have varied much during the aforesaid month: 1. Abdomen greatly distended; hard, almost unyielding to pressure; tympanitic. 2. Great thirst for large draughts of cold water, 3. Aversion to all the ordinary forms of infant food. 4. With craving, unsatisfied appetite for meat and potatoes. 5. Very frequent, painless discharges from the bowels of horribly offensive, brownish water, recurring nightly from 10 o'clock until daylight, every half hour, and only two or three times a day. 5. Rapidly increasing wasting of the tissues. 7. Face cold, pale and pinched. 8. Feet cold and damp; legs cold. 9. Restless and tearing out of the hair, which it thrusts into its mouth and attempts to eat, nearly all its hair has thus been pulled out so craving has been the desire for nourishment. *Psorinum mm*, Swan, one dose, and *Sac lac.* after each loose stool. Meat finely chopped with potatoes for food, and water ad libitum.

Oct. 21. The child being so very ill I was requested to call hereafter which I purposed to do, but not learning the mother's address correctly, did not succeed in finding her until the 21st, ten days from date of the first prescription. The condition of the little patient was as follows: 1. Abdomen much softer, yielding to pressure. 2. Thirst nearly the same as at first. 3. Still craving the animal food and potatoes but will now also partake of bread and butter with relish. 5. Discharges from the bowels began to diminish after four or five days, and are now only twice in the night, one at bed time and a second in the morning, and once during the day, very much less offensive in odor. 6. Wasting

has given place to nourishment to such a degree that the face has filled up to a pretty oval, while the rest of the body is being increased in proportion. 7. The countenance happy and smiling.

The improvement being daily progressing, as the mother freely stated, I left this little one to the undisturbed action of this single dose. *Sac. lac.* after each loose stool.

Oct. 25, 1880. Child continued progressing thus until yesterday; stool natural, and only once daily; appetite still craving, and thirst very great; abdomen quite soft, but still distended. Yesterday, the 14th since taking the *Psorinum* she became apparently very ill again, looking as if no better, and parents thought she must die; all, however, passed off, and this morning she presents the condition just described. This case is still under treatment, and has been offered to show the marvellous effects of a single dose of *Psorinum*. The aggravation every seventh day, is quite usual, until its action is exhausted.

Acute Meningitis. A Case in Practice. By T. M. Watson M. D., Griggsville, Ill.

The writer was called early in February last to Pittsfield, a neighboring town, to take charge of a case of "acute insanity," pronounced hopeless by the attending allopathic physician, and the case recovered so promptly under homœopathic treatment that it seems to me worthy of publication. The following is the history of the case:

The patient, Mary D., a young lady of about twenty-two, had been prostrated two weeks previous to the present attack, with malarial fever, and, before she had fully recovered her strength, commenced sitting up with and nursing her

sister, who was in the last stage of consumption. Being of a very nervous and sympathetic temperament, she entered very greatly into the sufferings of her sister, and watched with her too constantly. Her sister died, and the night before her death Mary persisted in staying with her, against the protests of her friends. Towards morning she went out on the portico to give vent to her grief that had been so long pent up in the presence of her dying sister. She remained there some time, and contracted a severe cold, which, in the susceptible state of her system, from mental and physical exhaustion, and the presence of the menstrual period, developed next day into a high fever, with wild delirium and cessation of the menses. Dr. L., the leading "regular" physician of the county, was called, and pronounced the case "acute mania," brought on by overstraining her nervous system, and prescribed for her *Morph. sul.*, by subcutaneous injection. The rapid pulse, he said, was caused by nervous irritation, and indicated no inflammation or fever. Under the use of *Morphine* she became worse. *Ether* and other remedies were tried with like effect, and on Sunday he pronounced a cure hopeless; and his prognosis was that death would shortly supervene, or that she would be hopelessly insane for life.

With no hope before them in continuing that treatment, they were persuaded by a friend to try Homœopathy, and accordingly sent for me. When I saw her, on Sunday, her pulse was 135, exceedingly small and sharp; sight and hearing extremely acute, hearing even whispers in a distant room, and noises afar off, and seeing every movement that was made in the room; watching closely all the attendants, nothing escaping her that was done or said; very suspicious; fear that she would be poisoned, making her attendants taste every thing before she would touch it; extreme thirst, calling constantly for water; imagined a mad dog was in the room, and would not be quiet until she was told it was taken away; frothing at the mouth; redness of the face and eyes, and great heat of the head; very violent at times, striking at her nurses, constipation; continual moving of the hands and feet; very obstinate and morose at times, refusing to do anything asked

and paying no attention to anything said to her. Her temperature I could not take at this time, owing to her violence, but every other symptom put it beyond a doubt that I had a bad case of acute meningitis to deal with. I told them the exact nature of the disease, its great mortality, and assured them that in Homœopathy they had the only hope of her recovery They had lost all hope, but told me to go ahead if I could do anything at all. *Bell.* seemed nearest the similimum and I left this in the 200th, to be given every hour until improvement set in, then to discontinue it as long as it should last, and begin again when it stopped. I also ordered every one to keep away from her except two nurses whose presence she liked and who were left with the strictest injunctions about keeping her quiet, and in regard to her care and diet. I returned next evening and found her pulse slightly lowered and her delirium milder, some return of the menstrual discharge, and a general improvement in her condition. I stayed with her that night to watch her. Until ten o'clock she remained about the same, but at that time she began to grow more excited and delirious; shortly she began beating time with her feet, raising one up and letting it fall heavily on the bed, then repeating the movement with the other, and so on, and counting in time with the movement, "one, two, three, four," "one two, three, four," repeating this continually for a long time, and growing more violent all the time. Finally she had to be held in bed, and while the attendants were holding her hands she would kick at them with her feet. She would throw the covers from her and expose her person without the least shame. This furor terminated after some hours in a severe convulsion in which her jaws were tightly set, every muscle strongly contracted, her head drawn to one side, her eyes lighted with a brilliant gleam and froth running from the mouth. This lasted several minutes, and when it passed off she began calling "water, water, barrels of water," with every breath, and drank it as though she was famished. Following this and lasting until morning was a religious delirium, with prayers, ecstatic ejaculations and upturned eyes, and very happy look on her face. By this time

you may know my hopes had reached the minimum. *Hyos.* was plainly indicated, however, and I left her on the 200th with same directions as for *Bell.*

I saw her again next day and found a most gratifying change in every respect: she was much quieter, her pulse was much lower, her delirium was only occasional and very mild. I continued *Hyos.* and that night she had considerable natural sleep, the first during her sickness; was quiet nearly all the time, and on Wednesday an intermission occurred in her fever during which she was entirely rational. From this on the fever became more and more intermittent, grew less every day, and she was entirely rational when the fever was off. After a few days she had no regular fever, but it was noticed she waked from her sleep feeling feverish and slightly delirious. *Lachesis* promptly arrested this, and during her convalescence a feeling of melancholy at twilight, with fear that she would be crazy and never be right was as quickly relieved by *Psorinum* (*Calc.* would seem to be the remedy for this, but it failed in this case). Her recovery was very rapid, and in one month from my first visit she was able to drive over and see me, sound and well in mind and body, and the most grateful woman I ever saw.

General Clinics.

CLINICAL CASES. By Prof. J. R. Kippax, Chicago. Read before the Canadian Institute or Homœopathy.—CASE I.—FRACTURE AND DISLOCATION OF NASAL BONE.—Mr. T., aet. twenty-six, nervo-bilious temperament, son of an allopathic physician of Baltimore, while seeing the sights in Chicago with a friend, was thrown from his buggy onto the

curbstone by his horses becoming unmanageable and running away. He struck on the upper part of his face, the shock caused dislocation of the nasal bone, and a gash about two inches in length on the left forehead running up into the hair.

The accident happening on the corner near my residence; he was picked up and immediately brought into the house, the blood streaming from his wounds. On examining the nasal injury, it was observed that an oddly-shaped flap had been produced; one line of separation running towards the left lower lid, another up the nose on to the forehead, and a third obliquely upwards and outwards in the direction of the upper eyelid. A closer examination, with the probe, revealed the left nasal bone wanting. Later I discovered it had been fractured and dislocated, and thrown completely over the opposite nasal bone, where it lay safely ensconced just beneath the skin. The truant was dislodged from its hiding place, and all foreign matters removed. The wound was then washed out with *Arnica* water, and after the hemorrhage had ceased, the flaps were coapted by three silver wire sutures. The forehead wound, which penetrated to the frontal bone, leaving it, however, intact, was closed with five sutures. Adhesive strips were applied at distances to strengthen the sutures. *Arnica* dressings were ordered for thirty-six hours, and *Arnica* 200th given internally every two hours. At the end of this time the dressings were removed, and considerable tumefaction of the parts was observed.

Carbolated *Calendula* was now substituted for the *Arnica*, as a dressing. The union, which was by first intention—a rare thing in contused wounds—commenced promptly, and progressed rapidly.

The sutures were removed from the nose on the fifth day, and from the forehead on the sixth, and adhesive strips applied. On the ninth day the young man started homeward, a happy, and, perhaps, a wiser man.

Two months later he called, and it was certainly difficult to tell from his appearance that his face had ever been injured. The bridge of the nose presented itself intact, and there was

scarcely any scarring perceptible on either the nose or forehead.

This fortunate result was due, in the first place, to the short time that elapsed between the injury and the dressing, and in the second place, to the steady use of *Arnica* for the first thirty-six hours.

CASE II.—SCIRRHUS OF THE BREAST AND AXILLARY GLANDS.—In January, 1879, Mrs. E., aet. fifty-four years, came to my office for advice. She had been enjoying poor health for some time past, and among other things, she was particularly anxious about a hickory-nut sized swelling in her right breast. It caused her no pain, though at times she noticed a slight burning, stinging sensation, and of late she fancied it was enlarging. I gave her *Conium* 30, three doses daily, with instructions to report as soon as her medicines were gone. Like many "doctor's instructions," this was not fully carried out, and she was lost sight of until March, 1880. Her great desire at this interview was to know what she should do about that swelling in her breast. She said it had kept on growing, and within the last two months, another bunch, already the size of a walnut, had appeared in the arm-pit. The pain had grown to be one of the distressing features, and frequently it was so intense as to rob her of a night's rest.

Evidently things were getting no better fast. She had now donned the characteristic straw-colored appearance of the cancerous patient. The breast was involved in one general nodular cancerous hardening. The nipple was firmly retracted, and the enlarged axillary glands showed too plainly the way the disease was tending. Her only hope was an operation, and the day for that had about gone. It might fail. I put her on *Conium* again for three weeks, and ordered the most nutritious diet her stomach would stand.

On April 16th, assisted by Professor Pratt and Dr. Engelhart, the patient being etherized, I removed the entire breast and the enlarged axillary gland. The *Carbolic* spray was kept up during the removal of both tumors. Carbolized

Calendula water was used for cleansing the parts, and the arterial twigs were secured by torsion.

The lips of the wound were approximated and held by silver wire sutures, placed about half an inch apart. Between these, long half inch adhesive strips were closely applied for support and pressure; drainage was provided for at the lower end of the wound. The *Balsam of Peru* I used in this case, for the first time, under a graduated compress, as a local dressing, and with good results.

The patient convalesced rapidly; the major part of the wound healing by first intention.

In four weeks she was around doing her housework, had a good appetite, and felt better than she had done for years.

Since her recovery she has been taking *Phytolacca* 6, twice a day, and will continue to do so, off and on, for six months.

CASE III.—LUPUS ERYTHEMATODES.—Mrs. E., of Kansas City, aet. forty-one, left her home, and arrived in Chicago, last March, "en route" for New York, as she said, "to have something done for her face."

While in the city, she called on my colleague, Dr. Hale, who persuaded her to let me see it, as possibly it might be unnecessary for her to go on to New York.

At the consultation she reported herself very much dissatisfied with doctors. She had seen several physicians in Chicago, St. Louis and New York city. In the latter place she was for a time under the treatment of my friend, the indefatigable Dr. Lilienthal. But nothing had as yet been done towards curing her face. It was yearly growing worse.

The trouble was plain enough, and its nature easily determined. On the forehead was a circular patch, well defined in outline, about the size of an American silver dollar. The edges were slightly raised, and covered with thin adherent scales. The center was depressed from the increasing atrophy was pale in color, and presented the patulous orifices of several sebaceous ducts.

Notwithstanding all the internal remedies that had been given her by our best physicians—for she had already been

was substituted for the *Tannin*, and the roll introduced twice a week. *Slippery elm* irrigations to the cervix, the water being as warm as could be borne, were ordered morning and evening. For the first three weeks *Gelsemium* 3*x* was given every two hours; and afterwards *Helonias* 6*x*, four times per day. Subsequently *Hydrastis* 3*x*, three times per day, was ordered in place of *Helonius*. Under this treatment the patient rapidly recovered. The neuralgia gradually disappeared, and in less than six months the uterus had regained its natural size.

CASE V.—OVARIAN TUMOR CURED BY APIS AND LYCOPODIUM.—In June, 1875, I was called to visit Mrs. S., lymphatic temperament, aet. forty-seven, married, but had no children, and has passed the climacteric. Has been suffering for two years with dull, aching, uneasy sensation, and at times soreness in the left inguinal region. Felt herself constantly growing larger on the left side. Was treated for a year and a half by a physician who diagnosed her difficulty, and as she described it, drew off a small quantity of clear fluid resembling the white of an egg. For a time thereafter she was better, but now she was larger than at any time since she first discovered the tumor.

On examining the abdomen an irregular yielding enlargement about the size of a child's head was discovered, occupying the left lower part of the cavity. Percussion yielded dullness all over the surface of the swelling and left flank; the uterus was found to move independent of the enlargement, and everything seemed to point to ovarian tumor, but to make matters absolutely certain, I resorted to Simon's method of rectal exploration. The patient being etherized I passed my left hand up the rectum, and with my right on the abdomen, I could distinctly feel a polycystic tumor separate from the uterus and attached to the left ovary. The diagnosis was no longer doubtful, polycystic ovarian tumor was the difficulty. The rectal examination caused the patient some distress for a few days, which necessitated her keeping her bed,

For the treatment, although this appeared a favorable case for operation, yet as patient had never taken homœopathic

remedies, I decided to first try them. She was put upon *Apis Mel.*, 6*x* and 12*x* trit. three times per day for three months.

An examination demonstrated neither increase nor decrease in the size of the abdomen. *Locopodium* 6*x* trit. was now tried.

In two months the tumor enlargement was found to be surely, though slowly diminishing. Here *Lycopodium* 12 trit. was given. At the end of four months the swelling was but half its former size. *Lycopodium* 30 was from this time on ordered at intervals, and at eighteen months a thoroughly instituted examination revealed no trace of the tumor.

Four years has elapsed since that time, and to-day the patient is not only well, but "roughing it" with her husband up in the Red river country.

INTERMITTENT FEVERS.—CASE I.—Oct. 18, 1878. Miss S. had an attack of intermittent the previous summer, for which she received *Quinine*. The disease appeared again, and again disappeared under other non-homœopathic treatment. She now presents the following symptoms: chill every other day, anticipating three hours, without shivering, but creeping coldness, mingled with heat; with the chill, thirst, nausea, stretching pain in head, frequent urination, urine dark and clear; coldness especially of feet and hands, nose and knees; cold first in the arms; heat mostly in upper body, with nausea; headache and cold feet in early part, also thirst and stitches in the stomach near the end of the heat; heat began in cheeks, sweat comes on in sleep, and is profuse, most on chest, with headache; heat, creeping chills and sweat at same time; in the apyrexia, nausea. *Arsenicum* 45*m*, Fincke, in solution, a teaspoonful every two hours, in apyrexia, cured permanently in ten days; there being a steady decline in severity, and a lengthening of the intervals till the chills ceased.

CASE II.—Oct. 26, 1879. Miss L. had chills early in the season, suppressed with *Quinine*, and followed by bending of the knees in walking; has anticipating chill in forenoon, with shivering, most in lower body, chattering of teeth, thirst,

nausea, increased by drinking, pain in heart, and palpitation worse in heat, shortness of breath, sleepiness, blue hands and face, pain in forehead, stomach, lower back and thighs; heat with red cheeks and forehead; headache, thirst, sleepiness, and pain in thighs, with chilliness from uncovering or motion; no sweat; constant bad taste in mouth. *Arsenicum cm*, Swan, cured permanently after a few chills.

CASE III.—Nov. 14, 1879. Mrs. W. has had malarial fever, for which she took bitter medicine. Has now had daily for three days chill in the forenoon, anticipating; before chill, stretching, coldness, thirst and cough from a sense of fluttering rising from the heart to the throat, chill begins in legs, shivering begins in small of back. With the chill, chattering of teeth, thirst, rattling cough and pain in right chest, over liver; chilliness alternates with heat; with the heat headache, no thirst; cramps in fingers, pain in lower back, and legs; dimness of sight, delirium, cough and desire to put the feet out of bed; no sweat; pulse small, 120; constipation. *Nux vom. cm*, Swan, two doses three hours apart after each chill. She had only one more chill, which was light.

CASE IV.—Sept. 28, 1880. C. W., a girl of about six years. At night before the atttack nausea, vomiting, pain in bowels, and diarrhœa. In the morning before chill, heat, thirst, red face, nausea, white vomiting and pain in the bowels; hard shaking chill at 10 a. m. for one hour; coldness, with desire to be covered; face pale, lips purple, restless, little thirst, nausea, and pain in bowels; heat right after chill for two hours; uncovered, quiet, thirst less, face red; no sweat; after the heat, watery vomiting; tongue yellow. *Pulsatilla mm*, Swan, one dose, dry, and no return of chill or any sickness.

CASE V.—Sep., 1880. This case of sickness, and cure, occurred under my observation, my only part being to take notes of it and assure the patient of having taken the right remedy, before the cure was experienced. Her husband was my patient at the time, suffering from the same disease. He had at first taken the same remedy, but being an *Arsenicum* case *Eupatorium* had no effect upon him. For two weeks before the attack she had aching in head and body,

especially the lower limbs. She had three tertian chills about 10 a. m. Before chill, thirst, hunger, gaping, stretching, increased headache and pain, and soreness in eyeballs; chill with trembling, and shivering worse from motion, began with intermittent creepings in the back; with chill, yawning, stretching, and pain in head, spleen, back and limbs; at end of chill, nausea and vomiting of bile; heat soon after chill with same pains, and thirst, lachrymation, red face, weakness, and trembling from motion; sweat scanty, with slight relief to pains, and with chilliness from motion; mouth dry, tongue white; blisters on tongue and inside of lips; pains in apyrexia. The evening before the last chill, of which there were three, she took half a teacupful of infusion of *Eupatorium*, and a smaller quantity after the attack.

CASE VI.—Oct. 1, 1880. Mr. A. had third daily chill to-day, at 11:20 a. m., postponing, lasting one hour; worse from motion and drinking; before chill, pain at lower border of left ribs and in region of left kidney, and fulness in forehead, with dread of chill, and horror at thought of going to bed. The chill seemed to begin or be worse in stomach, and to get hold of the muscles, as he said, with oppressed breath, which was worse from moving or turning in bed; thirst, and hot breath in and before the chill; heat, with desire to uncover; pain in left side, better from lying on it; increased thirst, nausea, oppressed breath; fulness in forehead and pain in occiput; sleep in latter part of heat, waking in a light sweat, mostly on lower limbs, with relief of sufferings; hunger and desire for oysters, but stomach feels full after eating but little; water tastes bad; urine scanty, dark, offensive; blisters on lips; sweat from slight exertion. *Nat. mur. cm*, Swan, every two hours, was followed by a light chill next day, which was the last.

[From a paper read before the New Jersey State Homœopathic Society.]—EDWARD RUSHMORE, M. D., Plainfield, N. J.

UTERINE POLYPUS.—*Thuja.*—I give you a clinical case of some importance, in corroboration of one reported in your

journal three years ago. Mrs. E. E. Sargent, of St. Johnsbury, Vt., consulted the late Prof. Crosby, of Hanover College, who removed a polypus attached to the uterus. The polypus returned in six months or so, and the lady was treated by a homœopathic physician for four months, without benefit. She then consulted us, coming to an adjoining town to be treated. Her symptoms were pains about the left groin, or in the pelvis, going up to left ovary and over upon the left loin. These pains were aggravated by walking and by riding in carriage. Countenance was sallow, with a sickly expression; patient much discouraged and somewhat peevish; polypus depended from the os two inches or more; gave her *Thuja* 200th, and the polypus was discharged at the third menstrual period thereafter. Mrs. S. has been pretty well since that time (nine or ten years ago) till the last part of last spring. In June, or first of July, her husband wrote me that his wife was afflicted with another polypus, asking advice.

I put her again upon *Thuja* 200th, sending the medicine in a letter from this place. No perceptible change occurred until about the middle of October, when husband wrote that the polypus looked as if dying, as it was pale and shrunken, and vaginal discharges had a bad odor. A week subsequently a letter told me that the polypus had come away, leaving only a barely visible stem, and later his language is, "the end of polypus left is changing color as though dying, and has a disagreeable odor." I will add that for a portion of the time Mrs. S. used vaginal injections, medicated with *Thuja*. in her recent treatment; nothing else. —G. N. BRIGHAM, M. D., Grand Rapids, Mich.

TWO CURIOUS CASES.* Reported by G. E. Blackburn, M. D., Shreveport, La.—CASE I.—Martha Smith, black, forty-nine years old; married; large, weighs 165 pounds; tall and well built; never had a child; two husbands; always menstruated regularly until one year ago, when the change of life

*Accompanying these, Dr. B. sends us two photos which graphically represent the cases he describes. We regret our inability to present them to our readers.—[ED.

came on; always healthy; four years ago had womb disease and has had typhoid and bilious fevers, but generally very vigorous.

In winter of 1878, a white spot appeared on back of righ hand, which slowly grew larger. Then one came on middle of right forearm, then one on inside of right leg just above nkle, then one on left hand, left arm, and then one on each eyebrow, and in front of tragus of each ear, (right one first) and on lower lip. They itch and burn worse at night, and on scratching. Rubbing with salt water seems to relieve itching for a short time. *Ars.* 30, which has relieved the itching, and has caused black spots to appear in the white ones, on lip, hands and ears. Have not seen her for thirty days.

CASE II.—Joe Trust, aet. twenty-six, black, married. Has chills every month, when penis and scrotum both swell for two weeks; then exude serum, clear, like water, he says, and swelling gradually subsides; after which scrotum feels like it had hard lumps in it; has been affected this way about six years. Only saw him once, and that was when the accompanying photograph was taken, which accounts for the paucity of the history, but I send you the picture. When swelling goes down he says he has connection with his wife without pain or difficulty. He lives fifty miles away, but promised to return this fall again. *Ars.* 84*m.*

INGROWING TOE NAIL.—Annie F., aet. nine, had been suffering for about a week with soreness of the right great toe; could not walk without great pain in this toe. The mother's poultices and home treatment had been unavailing. The toe on both sides of the nail was very much inflamed and sore, and the entire toe swollen. The child was of lymphatic temperament, and troubled often with pin worms, otherwise apparently well. *Marum verum* 4*x* one powder each four hours, and to bathe the toe in tepid water several times a day. No mechanical treatment used. Next morning inflammation and soreness much less, and in a week called in when passing the house and calling her in from her play, examined the toe, and

I could not see that there was anything the matter with it, no tenderness or inflammation.

Dr. Bruce treated his case locally and mechanically, and considered it a local "disease." Dr. Allen must have considered his case as of dynamic origin, but used some mechanical means in addition. I used no mechanical aid in my case. I have not a word to say against the mechanical treatment in either case, but hope the profession may see that any exciting cause would not have such a specific effect, without a predisposing dynamic existing condition. All of you who reside near a blacksmith or machine shop, are probably aware that the workmen very frequently get sparks or pieces of iron in the eye, in the cornea. The foreman or some other expert in the shop, places the patient against a door cheek in a good light, and with a piece of pine splinter, not too sharp, picks out this foreign body, that has made a wound in this cornea, and the man, if his tissues are in fact, in about normal condition, goes about his work without any inconvenience till he meets with another accident.

But this same man, for instance, at another day gets another piece of iron in his eye, and although it is taken out, yet the wound does not heal, and an ulcer forms and the photophobia keeps him from his work. He comes to the oculist, he says "his general health is first class, good as ever it was, and he can't see why his eye bothers him so." Ah, the *fact* is there apparent to the intelligent physician, that his tissues are *not* in a healthy condition, that they are dynamically in an abnormal condition, and wounds in them will not now heal by first intention, and he needs the dynamic remedy to restore it. I think the comparison is good, and I need not write any further for you to see that an ingrowing toe nail has nearly always a dynamic predisposing cause which a tight shoe or excesssive use of feet in dancing, etc., may excite into action and annoyance. Study physiology and Homœopathy and its materia medica, and you will find it more beautiful than mechanical devices.—J. F. EDGAR, M. D.

Clinical Cases Eye and Ear Diseases. Reported from Dr. Wilson's Clinic at Ann Arbor, in the Homœopathic Medical Department of Michigan University. Reported by Addison S. Morgan.

CASE I.—PARASITES IN THE EXTERNAL EAR.—Mrs. Glover comes from St. Louis, Mich. She is a married lady of twenty-nine, in good health, but has never been pregnant. She has trouble with her left ear. Four years ago she had scarlet fever, since which time the ear has given her much pain and there is a constant discharge. She is obliged to syringe out the meatus daily. The discharge is not fetid. There is a pain and unpleasant sensation that run from the ear to the throat. There seems no doubt from the history thus far elicited, that we had to do with a case of chronic suppurative inflammation of the middle ear. As soon, however, as the parts were subjected to examination, it was discovered that there were parasites in abundance in the meatus. The tympanic membrane showed chronic catarrhal thickening, but no perforation, and it was also found that the hearing was but little, if any, diminished upon that side. The fact was, the patient herself had unconsciously exaggerated the amount of discharge for in no condition of this sort can we have more than a slight exudation. The characteristic condition is dry scales, which are often considerable in quantity. There was then elicited this characteristic symptom: *intense itching and burning* both in the meatus and in the internal parts of the ear, passing down to the throat. It is a generally accepted belief that we have under such circumstances a parasite, and the exudation under the microscope shows a peculiar form that leads us to suppose them to be living organisms—vegetable perhaps. This is by no means certain, but whatever pathological theory we may indulge in we have chiefly to be concerned in the question of treatment. This patient was immediately treated to applications of *hot water*. The hotest water that could be borne was dropped into the ear. This was done three or four times a day. A small pledget of cotton tightly rolled was with forceps dipped into the water very hot and then pressed into the meatus. After each treatment *Vaseline* was dropped into the ear, and the meatus lightly closed by a piece of dry cotton. This patient was given internally *Sulphur*. But as a matter of considerable importance we directed the daily use of the Politz bag. It should not be forgotten that the inflation of the middle ear systematically and persistently continued is of the greatest value in these cases. At the end of two weeks the ear seemed nearly well and the patient was sent home to continue the treatment. This matter of parasites is often puzzling to persons not accustomed to studying ear diseases. It should by them be remembered that we are not

certain they are parasites at all. In the second place the characteristic forms found are to be determined only by the microscope. As a fact very few cases are thus verified. Whenever we find a whitish, dry, scaly substance which clings tenaciously to the meatus and which when removed reveals a reddened base, often quite tender to the touch and which produces an intense itching often with burning, we are, under such circumstances pretty sure of having what is called *otitis parasitica*, of which there are said to be several kinds. It has been the aim of aurists to find some efficient *paracitiicide*, and they have recommended both astringent and caustic applications of various sorts and kinds, but without success. These supposed organisms seem to resist everything but *heat*. But it must not be forgotten that in order to succeed *the hot water must be applied so continuously that the meatus becomes wrinkled and faded.* You can dip your hand in hot water without more than a passing effect, but when it is soaked in the water it becomes parboiled, that is bleached and wrinkled. This is the exact thing you wish to have done with the ear. It is a thing easily accomplished by perseverance, and can be done without the slightest injury to the middle ear. Timidity and lax treatment are fatal to the result you seek. Under no circumstances put in the medicinal substances recommended in the text books. If you would make your success final collate the subjective symptoms and prescribe carefully accordiug to those symptoms. If it be true that the hot water would not cure, it may be depended upon to alleviate the symptoms almost instantly.

Miscellaneous.

Intermittents. By J. D. Grabill, M. D., Union City, Ind.

In regard to that article in the August number of the ADVANCE, and signed A. J. Phinney, I think I have as good a right to reply to it as any member of our school. I located in this place on the 26th of September, 1878. Dr. Phinney located at Muncie about the 3d of October, 1878. Both from

Ohio, both moved about the same number of miles west. Union City is situated on the state line, dividing Ohio and Indiana. Muncie is just thirty miles west of Union City. Whether Dr. P. treated any cases of intermittents previous to locating in this state, I do not know. For myself, I treated and cured three cases. Two of them I cured with *Acon.* and *Bry.*, in alternation; the third I cured with *China off.* 3. All of them were Indiana ague, contracted in this state, but cured in Ohio. For all that, there seems to be a belief among the Indiana physicians that intermittents can not be cured by physicians living outside this state; and by a large number of those within the state, that they can not be cured with anything but massive doses of *Quinine.* Consequently Dr. Nichols my advice to you is, that you had better keep quiet on the subject, or you may be the means of converting a number of our physicians to Homœopathy. I have twenty opponents in this place, and I can safely say, that the majority of them prescribe as near homœopathically as Dr. Taylor does, if the cases reported by him through our journals are a fair sample of his prescribing. While any person can see at a glance that Dr. P. is not the man to carefully examine his patient, and give the indicated remedy, when *Quinine* will do the work as well as some old bungler of the "regular school" does his work.

Now, Doctor, that won't do; we want to do our work better than our opponents. Besides, two wrongs don't make one right. I was told by every physician I met, that I would have to use *Quinine*; if I did not I would not get a practice, as a man in this state would have to be able to cure or break the chills, and *Quinine* is about the only thing that you can rely on. This belief led me into a very sorrowful experience of six months, with *Quinine* and the different preparations of the *Peruvian bark.* God knows I don't want any more of it in mine. I have also had over nineteen months of experience with remedies as I thought them indicated, with the happiest results. In that time I have treated over one hundred and fifty cases of intermittent fever (or ague, chills and fever, or shakes, as they are usually called in this section), and I have

not used three grains of *Quinine* in the nineteen months. At least seventy of these were acute intermittents; the balance were chronic, three cases of acute quartan ague, about twenty-five were chronic quartan ague; the balance were quotidian and tertian intermittents. Of the whole number, not over twelve had a chill after taking the first powder, and but four the second chill after taking the first powder. I used from the first to the five hundredth potency. If there is one remedy that I used more than another, that remedy is *Bell.*, in acute intermittents, and *Lachesis* in chronic cases. For acute ague I use the remedies in about the following order: *Bell.*, *Ars.*, *Ipec.*, *Nat. mur.*, *Nux v.*, *Bry.*, *Verat. vir.*, and *alb.*, *Rhus.* and *Cina.* Chronic cases: *Lach.*, *Ars.*, *Ipec*,, *Nux v.*, *Nat. m.*, *Cina.*, *Opium*, *Bell.*, *Merc. v.*, *Nit. acid.*

I will give a few cases and the remedies used.

CASE I.—Miss W., aet six years, has had quartan ague for nine months. Chill comes on in the evening about 6 o'clock; no thirst during the chill, not much during the fever; pain in the region of the liver and spleen; she knew when the chill was coming, for she would get so sleepy and sleep through almost the entire paroxysm. I gave her ten powders of *Opium* and saturated a one drachm vial of pellets with same. Had one chill and none since, now three weeks.

CASE II.—A boy, had quartan ague for two years, with enlarged spleen, pain in the stomach; cried out in his sleep nights, picked his nose all the time; at times the appetite was good, but as a general thing not much appetite. Gave *Cina*, twenty powders. No more chills, and now about fourteen months.

CASE III.—Mrs. K., chill every third day; chill came on about six in the evening; hot flushes all over her; chill lasts about an hour, with fever all night; very restless. Gave her ten powders of *Ars.* 6, to be followed with ten powders of *Lach.* 200. Next day had a severe chill, none since, now six months. Had been having chills for two years.

CASE IV.—A boy, aet. thirteen years. Chill every third day at 10 o'clock; felt very bad and weak in morning when getting out of bed; expected a chill the next day which

would be third one; pale, earthy complexion; bowels constipated; severe headache all the time. Gave *Nat. m.* 12. No more chills now two months.

None of the above cases had hydroa on the lips.

CASE V.—Mrs. R., chill every evening about 6 o'clock; palms of hands and soles of feet very hot; hunger so that she could not go to sleep, perspiration smells like sulphur. Gave *Phos.* one prescription. No chills since, now four months.

CASE VI.—Mr. B., chill in the evening; red and injected eye balls; light hurts the eyes; headache, worse lying down; delirium during the fever; sleepy, with inability to go to sleep. *Bell.*, one prescription cured.

CASE VII.—Mr. H., chill about 7 o'clock in the morning; bowels constipated; a severe gnawing pain in the stomach; pain under the right shoulder blade; hydroa on lips. *Nux v.*, one prescription, cured.

I could give a large number of cases, but I feel I have given enough. I rely on Lippe, Raue, Allen, and Douglas.

Graphites. Wens. By C. F. Nichols, M. D., Boston.

Surgical authorities insist upon the obliteration of the sac or capsule of every cystic growth, by stimulating or styptic injections, by setons or by dissection; for the sac refills if merely punctured. [See Erichsen I, pp. 722, 725; Gross I, p. 213]. The above admit that these operations are sometimes followed by erysipelas, or even by fatal prostration in the aged subjects who oftenest exhibit such growths. These, like other tumors, have a constitutional tendency to return somewhere, or internal lesions follow their suppression by surgical means.

Jan-3

For obvious reasons, the frequent removal of wens, sac and contents, by homœopathic medication, most profitably oversteps surgical pathology.

FURTHER, it is now one generous year since a great stride was made, when the *New England Gazette* stepped forward to clear up this subject anew! We would introduce with hopeful rejoicings this anniversary:

In December, 1879, an editorial was devoted to the editor's great aunt.

The old lady was thus covered with glory, and *Vaseline*, in order to note that *Graphites* also had been used internally.

The editor then exclaimed (what did he mean?) "We had *discovered* something."

It was his intention instantly to antidote his own prescription, yet *Graphites* must have been chosen *via* some earlier advices as to its use,—in his own journal, for February, 1873, are reports of wens cured by *Graphites*, also see *Jahr's Repertory.*

"A little [!] reflection, [!] however, convinced us that, in case our reader's wens did not disappear, we should become a laughing-stock,"—*should become* a laughing-stock!!

"We intend to try *Vaseline* and *Graphites*, singly or combined, on at least a half dozen other wens, and watch the rsult"!!!!!!!!!

Under these awful conditions and precautions might result the WIELDING OF GAZETTE INFLUENCE in favor of *Vaseline* on the head "for eruption" with *Graphites* in the head "for wens," for, after all, it is *Graphites* and *Vaseline* which the nephew desires us to "try" upon cysts because they have not been much used *together*. This, an editorial article in the only so-called homœopathic journal of New England! The anniversary of its perpetration has reached us. Are cured cases coming in. Will the editor report progress? W(h)en will he illustrate?

CASE I.—July 10, 1877. A large fluctuating wen on the head, above the right ear, in the case of an aged and feeble lady (Mrs. M. B., aet. eighty-two years); had existed since about 1870, but had grown larger and become sensitive

within two months. This patient suffered from senile dementia; feared death; expected punishment from God; was suspicious, irascible, changeable; dizzy, with attacks of vertigo and unconsciousness; hearing completely gone; offensive otorrhœa; urine dribbled; had moist eczema on anus and privates, violently itching. The wen disappeared, together with several smaller bunches near the first, within a month after taking *Graphites cm*, four doses in water.

CASE II.—January 16, 1878. J. C. S., machinist, aet. forty. A hard, movable growth, like a wen, in the left upper eyelid, developing, without pain, during eight weeks, to the size of a robin's egg, disappeared after *Graphites 2c*, four doses in water.

In neither case was other medicine known to be taken while the tumors were gradually decreasing.

The study of *Arnica*, *Baryta*, *Calc.*, *Caust.*, *Hepar.*, *Nitr. acid*, *Sil.*, and *Sulph.*, or any other remedy fulfilling the *similimum*, should be pursued in such cases; for if *Graphites* is capable, specifically, of removing these growths, it would, even if thus far successful, leave the patient incompletely cured, unless its whole picture should exceed in exactness that of either other remedy.

Senile Hypertrophy of the Prostate. By Gilman R. Davis, M. D., Cincinnati, O. Read before the Cincinnati Homœopathic Medical Society.

The prostate gland, owing to its intimate association with surrounding tissues and parts, and being so deeply imbedded within them, renders it not only extremely difficult but often almost absolutely impossible to perfectly direct or locate it. It lies at the neck of the bladder, just behind the

symphysis pubis. Hypertrophy may occur at any period of life, but the senile form is the one under discussion, and the only real and perfectly developed form of the disease, those occurring earlier in life being, as a rule, only temporary, and in most cases responding well to treatment. The majority of authorities place the lowest age at which senile hypertrophy occurs at from fifty-four to fifty-five years, the most common age being from sixty to sixty-five. There are very few men who reach the age of seventy who are not in a greater or less degree troubled with this disease.

Its etiology is a matter of much dispute and doubt; many diseases, injuries, excesses of various kinds, etc., are mentioned. One author will claim stricture of the urethra as a cause, then fail to prove further on in his argument that the enlargement was due to the stricture, but merely coincident with it.

It is well known that excessive venery will not only inflame and irritate the prostate, but often enlarge it, and some accordingly declare that this is one cause for the enlargement. This also is not borne out by facts. The celebrated Dr. Fothergill, of London, suffered intensely for years with this complaint, and it finally carried him off. He declared on his deathbed that he had never in all his life indulged in sexual intercourse.

Constant riding on horseback is given as a cause, but it will be found that dragoon men, cavalry officers, sheriffs, country ministers, etc., that are in the saddle a great deal, and often for many years, seldom, if ever, suffer from this disease.

Vesical calculus is, in many cases, a cause of this enlargement, by constantly irritating the walls of the bladder, an increased capillary circulation is excited, which may permanently increase the size of the prostate.

Velpeau, Acton and many others lay much stress on gonorrhœa as an exciting cause for this trouble. The disease extending to the neck of the bladder and there causing permanent engorgement. In these cases all periods of life are included.

The protracted use of wine or alcoholic drinks, stimulating diuretics, blows, sitting on cold steps, repulsion of cutaneous eruptions, gout and rheumatism, frequent passage of the catheter, chronic diarrhœa and straining at stool, etc., etc., may be also mentioned.

As a rule the hypertrophy involves the entire gland, but it may be confined to one lobe or part of it; the left lobe is, as a rule, more apt to be enlarged than the right.

The walls of the bladder are greatly thickened and often shrunken, thus greatly decreasing the size of the organ. There are the hard and the soft varieties of the hypertrophy, the former being the most common, and on a section being made of the gland in this variety, the knife comes in contact with numerous granulations of a grayish color, the size of a millet seed, enclosed in a fibro-cellular capsule, and adhere to it by a delicate pedicle. The surface of the cut section is very rough and irregular, and on pressure a thin, milky fluid escapes, which is merely the prostatic fluid in an abnormally increased amount.

In the soft variety the enlargement is greater, the granulations larger, the tissues are more or less elastic and yield readily to pressure of the finger. The color of the enlarged prostate is ash or pale drab, and often very little blood will flow on making a section of it. Then again different tints of red and brown are seen, and blood is there in more abundance, especially when the enlargement is kept up by some irritation. About three-fourths of the enlargement consists of unstriped muscular fibers with its connective tissue, and interspersed through these are numerous branching glandular tubes and their accompanying ducts.

As stated, about sixty, sixty-five and seventy are the ages most commonly attacked, and occur at the time the arcus senilus appears on the cornea, and the calcareous deposits in the blood vessels. The disease generally starts so quietly and its growth so tardy that a long time may elapse before the patient's attention is called to the fact that he has something more than a mere little irritability of the parts. Its march is not only slow but stealthy and deceptive, and the

affection is chronic from the start, and can not, without great difficulty at the start, be differentiated from chronic cystitis or urethritis.

This initiatory stage may extend over one, two and sometimes three years. A frequent desire to urinate and a slight burning or itching at the neck of the bladder, are the first symptoms the patient observes, but is generally passed over as a mere nothing, and no medical advice requested, and he is not willing to be treated until other complications coming on finally reveal to him the exact nature of his condition.

The distress at the neck of the bladder increases, and the desire to void the urine becomes more intense and great trouble is now found in starting it, and where before it was expelled in the form of an arch, it now falls down between or upon the feet, and there seems to be no force to propel it. A slight burning is now felt in the urethra, and stinging at the glans penis, accompanied with a discharge of prostatic fluid. There is violent straining on urinating, so great often that hernia and prolapse of the bowels is apt to occur. It is very common for the feces to escape into the pantaloons during these paroxysms, and these bearing down pains (for they resemble exactly those caused by parturition) do not satisfy the patient or relieve him in the least; they often occur after the bladder is emptied. The rectum never feels entirely empty, and has, even after a thorough purugation, the feeling of a lump or ball in it, and the feces are often passed in a flattened form, owing to the rectum being compressed by the prostate, and may mislead the physician into supposing there is stricture of the bowel.

Prisapism, with or without emission, often occurs at night. The testicles sympathize with the prostate, and often enlarge or become very tender; hydrocele has occurred as a complication.

The above are the symptoms in its first stages. As the disease increases the pains, etc., increase in proportion, and others are added. The desire to urinate increases, as well as the difficulty attending it. The prostate is sore and tender;

sitting in a soft cushioned chair is painful, and horseback riding impossible.

The health becomes poor, the appetite fails, emaciation follows; little sleep being allowed the patient on account of the constant necessity to void the urine, and, as Gross well says, "the constitution assailed by an enemy that gives it no rest, is at length exhausted; the pulse is small and feeble; the surface is dry and hot, or bedewed by a cold, clammy sweat; the feet are œdematous; the teeth are encrusted with sordes; the tongue is dry and black, and the patient falls into a state of coma from which he is destined never to awake. Such is the course of a disease, which in the amount of distress it entails, is one of the most frightful in the whole catalogue of nosology. Thusly 'the pitcher is broken at the fountain, and the wheel at the well.'"

The pains at the neck of the bladder extend to the anus, groins, glans penis and in fact to all the neighboring organs; the least exertion will aggravate them. There is often a feeling in the pelvis of weight and fulness as if all the parts would fall through and out, and also a feeling as if the bladder was not entirely empty, and in fact is not, for a cul de sac is, in most every case of enlarged prostate, formed below the gland, and urine, in more or less quantity, is constantly lying there and decomposes, thus not only irritating the parts by its contact, but stimulating the growth of calculi.

The urine, at first clear, becomes thick, fetid and strongly alkaline, mucus, blood and pus accompanying it. Often two-thirds of the amount passed is of this nature, and it is voided every ten, fifteen or twenty minutes. The patient straining so in urinating as to cause the bowels to descend several inches, and its contents to go into the pantaloons; the eyes to almost burst from their sockets, and the face flushed and brain congested. Finally the urine can not be passed at all, and the catheter must be used every time it is voided.

In diagnosing this disease it must he differentiated from stricture in the bowel or urethra, vesical calculus and cartarrh of the bladder. The diagnosis, if conducted rightly, is very

simple and soon accomplished. The symptoms of this disease are very similar to the others mentioned above, but a sound inserted into the bladder, and the finger inserted into the rectum, will very quickly determine the nature of the disease. The prostate will be felt to be very greatly enlarged, often extending further from side to side than the finger can be swept. The sound in the bladder will quickly determine the non-presence of either urethral stricture or stone. The age of the patient is also a guide to the diagnosis

I will not take your time by going into a description of the diagnosis of other affections that one must know in contradistinction of this disease, but leave that for the

Prognosis.--It is a pretty well known fact that medical authors will make certain statements in their works on the subject written upon, and which are put there to be read, while on the other hand, in examining or treating a case, they will not follow out at all the statements made by them in their writings. Helmuth, in his last work on surgery, says senile hypertrophy of the prostate can be cured, and that is all he says about it. Gross says distinctly it can not be. Modern works on urinary diseases have improved very little, if any at all, on their description of this disease. Very little has been given in addition to works published twenty-five and thirty years ago in its etiology, pathology, prognosis or treatment. Almost all with one accord unite in saying that to cure it is impossible; to palliate it in its worst form a matter of great difficulty.

In a great majority of diseases a skillful prognosticant can predict with a certain degree of certainty, the probable length of time a patient can live. In senile hypertrophy of the prostate he will not strike it right, I might almost say, one time in a hundred. It is never safe to predict the time the patient will live. They will get better then worse and without any apparent cause. They may die in two weeks or ten years. There is as much probability of the one as the other, and in making a prognosis it is better to say plainly what I have above stated, thus not only stating the fact in its

true light but avoid the chance of your patient living from three to eight years longer than you positively declared was possible for him to live.

Treatment.—The two schools of medicine of course greatly differ in its treatment of this disease. In the physiological school (for I think that term at the present day is more appropriate and true than allopathic) treat by *Buchu*, *Copavia*, *Iron* and tonics generally; injections in the bladder of various astringent and soothing solutions; blisters to the sacrum and perineum; suppositories placed in both the rectum and urethra, close against the gland; the suppositories being composed of various combinations of drugs, as *Bell.*, *Opium*, *Hyos.*, *Iod.*, compound tincture of *Iodine*, etc. They often tend to reduce the enlargement by absorbing, and often lessen the pain if nothing more.

The homœopathic remedies that apply to this disease are many chiefly among which are *Apis.*, *Caust.*, *Benzoic ac.*, *Canth.*, *Con.*, *Copavia. Digi.*, *Hepar*, *Kali bich.*, *Lyc.*, *Nux v.*, *Puls.*, *Sulph.*. *Thuja*, and *Verat. vir.* Many others have indications for their use, but the above include all that are necessary in the great majority of cases. The *Uranum nitr.* has in one case I have in mind, used in the *2x*, acted like a charm. *Hydras.* and *Cannabis* in another case has relieved. *Hepar* and *Kali bich. 3x* in alternation relieved temporarily the pains and discharge of pus and mucus. The Bethesda Spring water of Wisconsin is not only highly recommended for this trouble, but I can testify to its efficacy from personal observations of its application to a highly aggravated case of enlarged prostate. In the case I refer to the patient was in the most violent pain and distress; could not sit down, lie down, and could hardly walk; lancinating and tearing pains were shooting through the parts; the feet and legs were numb; the urine was heavily loaded with mucus, pus, blood clots and shreds of the lining membrane of the bladder. Six glasses of this spring water were administered a day. In twenty-four hours the pains were gone, the urine was cleared completely, and he was in every sense of the word almost a new man. He had been using the catheter for

months, emptying the bladder every fifteen and thirty minutes; he could now pass considerable urine without his catheter, with but a few exceptions, when a relapse occurred, caused by over exertion and business cares. He has been doing well up to within a month ago, when the water lost its effect on him, and he is almost as bad now as formerly. He has used the water three months, towards the last eight, ten and twelve glasses a day being used.

The use of the catheter it imperative, the soft gum catheter being preferred, as it can adapt itself better to the many and irregular curves in the urethra, and can push around or over the projections of the tumor, caused by growths and projecting parts, the neck of the bladder inside being often shut off from the urethra by an overhanging mass of hypertrophied gland tissue. The vertebrated prostatic catheter is often of great use.

Owing to the cul de sac under the prostate, it can clearly be seen that a great portion of the urine would remain in the bladder. Even were the patient able to urinate without the catheter, and by using the catheter, and after all has apparently passed, either by turning the neck of the instrument downward, or by the patient bending far forward, or completing the effort by almost lying on his face, the remaining urine will be passed off, which if allowed to remain would not only become fetid, but allow the calcareous matter in it to become organized into calculi, thus making another complication and adding another source of irritation to the already irritable prostate.

In a case now in hand, the patient will often be startled from his sleep by a pain so severe as to make him spring out of bed, the pain being under the body of the glans penis, and the only way he can describe it is that it is a feeling as if a piece of very rough sand paper was being firmly and rapidly brushed back and forth across the under part of the gland, and the only way to stop it is to take a hot sitz bath, which soon quiets the pain and enables him to sleep again; and the sitz bath on account of its loosening and relaxing

tendency on the parts is a very valuable accompaniment to the treatment.

As this enlargement is more a hyperplasia than a hypertrophy, of what possible use are high potencies? A hypertrophy and a hyperplasia are two entirely different things to deal with, and in this disease the patient will get better and get worse, whether he takes medicines or not, and if medicine is given, give it more in physiological doses, as the treatment is palliative, not curative.

Another deceptive point in this disease is this, that you can as a rule predict a relapse when the patient finds the intervals between the times for urinating becoming longer, and he begins to feel encouraged, and thinks he is getting better, but a day or two only will elapse when the aggravation will occur.

An indiscretion or over exertion will not effect them immediately. They will not feel its effects for two or three days afterwards—forty-eight hours being the usual time.

Injections of *Hydrastis tea* is also beneficial. Highly seasoned and stimulating food must be avoided by all means; malt liquors are decidedly injurious. Absolute quiet, both of mind and body must be advised as far as possible.

A case has been reported as cured by *Bell.*, and I have been told of cures being made of this trouble, my informant claiming the honor of so doing, but on questioning them, or reading through the accounts published of these cases, I found that they made their diagnosis (if such it can be called) entirely by the symptoms, no examination being made. I accept no such diagnosis, and do not know any more than the physician claiming the cure whether the patient had prostatitis or not, and no one can intelligently claim such a diagnosis, much less the cure of the trouble, without a full, careful and thorough exploratory examination of the parts.

In case the catheter can no longer be passed, and the bladder becomes so distended as to endanger the life of the patient, aspiration must be resorted to, either above the pubes or through the rectum, "tunneling" the prostate by forcing a metallic catheter through the obstruction to its entrance, thus

making a new channel to the bladder, has been practiced, but belongs rather to the surgery of the past.

Owing to the magnitude of this subject it is not possible in the time allowed me here to go into all its details. I have merely endeavored to speak of some of its more important points.

What can be done in the way of treatment, either chemical, mechanical or therapeutical, to either cure or palliate this distressing disease?

Homoion in The Stocks. By T. P. Wilson, M. D., Ann Arbor, Mich.

Prof. E. Bruno de Gersdorff, in a recent article in the N. E. Medical Gazette, quotes with some show of exultation the following, from the pen of Dr. J. P. Dake:

"The homoion has its peculiar domain in which it is a general principle; and its system of medical practice in which it is a general law, but is best defined negatively, or by exclusion, in the following way:

"1. That the homœopathic principle relates to nothing but states of health.

"2. That it relates to no affections of health where the cause is constantly present and operative.

"3. That it relates to no affections of health which will cease after the removal of the cause by chemical or mechanical, or hygienic means.

"4. That it relates to no affection of health occasioned by injury, or destruction of tissue, which are incapable of restoration.

"5. That it relates to no affection of the health where the vital energy or reactive power is exhausted.

"6. That it relates to no affections of the health, the likeness of which may not be produced in the healthy by medicines or other agencies."

And this, says Prof. de Gersdorff, is a statement "as yet without opposition."

I recall the above when it first was presented by Dr. Dake, and while the absurdity and falsity of the dogmas so oracularly uttered were at the time apparent, it did not seem worth while to answer them. But the Boston Professor has given them a specific force and dignity such that it becomes necessary to notice them, for left unanswered, they are capable of an infinite amount of mischief.

In reading what is so circumstantially put forth, one is reminded of the old story of the white man and the Indian. Said the white man, "You take the coon and I'll take the turkey; or I'll take the turkey and you take the coon." Well may we exclaim to Dr. Dake as did the poor Indian, "You don't say turkey to us once."

Prof. de Gersdorff says, after this wholesale exclusion, "A great field of human ailment is nevertheless left for the homœopath to work upon." Such words of comfort, no doubt, break the force of the blow. What there is left after this might perhaps be found with a fine-toothed comb, and look large under a microscope. I think, however, the first impression would be that all that is left would not be worth finding. And the inevitable result with those who accept these statements will be, that they will not take the pains to find those cases where the law of *similia* may be applied. But do we accept the statements? Taken as a whole, by no manner of means. Taken as a whole, they practically destroy the application of the homœopathic law. Taken as a whole, they form a ready-made excuse for all the eclectic and allopathic practice, which is so common with certain practitioners. The whole thing is a scheme of defence for those who have so long been in the habit of violating the homœopathic law.

Dr. Dake's preamble is misleading. The domain of homoion is not peculiar, only as every law of nature has its special sphere of action. Would he introduce a study of

chemical or physical laws by asserting that their domain of action was peculiar?

(1.) That the homœopathic law relates to nothing but *conditions recognized as disease*, is a truer and a better statement. "States of health" have no need of medicinal treatment.

(2.) That it relates to no affections of health where the cause is constantly present and operative, is so far from the truth that I wonder the assertion could be made by any one. Why, in every instance conceivable the cause is "present and operative" so long as the disease exists. To refute this statement Dr, Dake would have to hedge on the word "cause." A moderate amount of ingenuity might let him out. But the most obvious meaning of the word shows the absurdity of his declaration. A decayed tooth does not require removal before the pain or congestion and ulceration are relieved, or if you please, cured. The poison of typhoid can not, in the nature of things, be eliminated until the disease is terminated. Must we treat a person other than homœopathically because he is constantly in a malarial atmosphere?

(3.) That it relates to no affections of the health which will cease after the removal of the cause by chemical or mechanical, or hygienic means, is entirely at variance with experience. If it were a momentary result then we might venture to rest after the removal of the cause. But the results generally continue for hours and days, and it may be for weeks, with nevertheless a certainty of their ceasing. Must the physician, under such circumstances, fold his hands and wait? or should he adopt measures other than homœopathic? A man would, in my estimation, have a meager knowledge of the homœopathic law who would not promptly apply to disturbances resulting from chemical, mechanical and hygienic causes, the homœopathic law. He not only should do so, but after removing such causes as far as possible, he should do nothing else than apply that law. It is imperative and efficient.

(4.) It relates to no affections of health occasioned by injury, or destruction of tissues, which are incapable of restoration. Such a statement is more than surprising. To what

little purpose has a man studied the homœopathic law who can deliberately utter anything so at variance with truth! The exact reverse of this is true, and has been since Hahnemann promulgated the law. The tissues destroyed do not come into the question, but the tissues adjacent, and those in sympathy therewith, demand the most rigid application of the law. The results of trauma are just where similia does its work well. If the tissues have been destroyed by ulceration, or by a suppurative process, then we require relief to be given the parts not so destroyed, and yet suffering by the application of the homœopathic law. There is no exception to this rule.

(5.) That it relates to no affections of health where vital energy or reactive vital power is exhausted. This does not strike me as a lucid statement of anything. Whatever the "vital power" may be, is not easy to comprehend. Modern physiology does not admit such an idea. The writer can not surely mean that nothing can be done when the patient is in *articulo mortis*. If so, he should have gone a step further, and said, that it relates to no affections of health when the patient is dead; he might also have added: after the patient is buried and decayed. This is all on the same plane of thought—or want of it. In all diseases the forces of the body are sooner or later exhausted. In all diseases, therefore, the homœopathic law must be shut out. What logic is this? We know that to relieve that exhaustion we often have no other method to apply than the law of similia. If ever it is needed, it is then. But let us turn to the concluding statement:

(6.) That it relates to no affections of health the likeness of which may not be produced in the healthy by medicines or other agencies. Why did not the genetleman put this affirmatively? Simply because it would have shown the falsity and fallacy of all the rest of his statements. Let us so state it:

That it relates to all affections of health (states of disease) the likeness of which may be produced in the healthy by medicines or other agencies. This is the simple truth, and

needs and admits of no exclusion. The law is coextensive with disease. But the disease should not be confounded with its cause or its results. Standing in this affirmative form it does not greatly need elucidation. But suppose we say:

(1.) When the cause of the disease is present and operative, remove that cause if possible, and assist nature in the work of restoration by using the homœopathic law. If the cause can not be removed, and continues present and operative, still the homœopathic law should be applied.

(2.) If the cause has been removed, the affections induced will in every instance find a similimum among our remedies, and it should be applied.

(3.) Injury, or destruction of tissue, forms no exception, for the parts remaining are in need of just that help which the homœopathic law affords. We need no better reason than this for applying it.

In short, as every state of disease is capable of being matched by its similimum the law needs no exceptions in its applications. And we need only add that we take the word disease to mean just what Hahnemann first taught us it meant, viz: a dynamic disturbance, or, if you please, a vital derangement, or in more modern phrase, an abnormal change in the forces of the tissues.

If now any one is disposed to follow such pernicious and false teachings as have been set forth by Dr. Dake and endorsed by Dr. de Gersdorff, let him know that such teachings are zealously and persistently opposed. Let him know that with a show of wisdom they are untrue, and that their direct and only legitimate effect is to overthrow the homœopathic school. A man in the stocks with arms and legs held fast would be as capable of service as would be a law made so inoperative by exception. These men do not understand the law theoretically or practically, as that which they have uttered and endorsed painfully shows.

Book Notices.

Treatise on Therapeutics. By A. Trouseau and H. Pidoux. Vol. II. Wm. Wood & Co., New York.

We have noticed the first volume and are glad to commend its companion volume to our readers as worthy the place it occupies. It is probable that many will read its full and easy flowing pages with curious eyes. For a therapeutics founded on pathological theories commend us to this work. It is the best representative of "rational medicine" that we now recall. It is all so reasonable and plausible that it would certainly carry quite away a neophyte in the art. One hundred and twenty-two pages are devoted to "Anti-phlogistic Treatment," and after reading the masterly arguments used to defend and commend blood letting, one is almost convinced that the blood was made only to be let out. We are pained to see the author classing "homœopaths" with "daily papers," "charlatans" and "somnambulists," to whom he says people will resort in order to be cured of constipation, for which "rational methods" have been used in vain. As this is rather rough on the "rational method" we prefer to let it stand. Trousseau and Pidoux are a part of Wood's Library for 1880. They can be had with the entire set for $15.00. Sheehan & Co., Ann Arbor.

Repertory to the Modalities in their Relations to Temperature, Air, Water, Winds, Weather and Seasons, etc., etc. By Samuel Worcester, M. D., Salem, Mass. Lecturer on Insanity, etc., Boston University School. Boericke & Tafel, New York. Pp. 160.

A book like this made in the shop of a practical workman can hardly fail to be valuable. The idea is certainly good, and such a book for ready reference in selecting the needed remedy must be simply invaluable to the busy doctor. It would give us pleasure to commend the work before us without qualification. We can not do so however. It is a palpable violation of the scriptural injunction, "Use not vain repetitions as the heathens do." The book could have been made nearly one-half smaller, and it would have enhanced its value for working and cheapened its cost of purchase. We select at random a few specimens: Page 42. "Rheumatism after every cold, *Calc. phos.* After a cold violent pain in limbs, *Guiac.* Rheumatic pain in limbs from taking cold, *Nit. acid.*" Page 55. "Cough worse from eating and drinking cold things, *Lycop.* Cough worse from cold drinks, *Spong.* Cough caused by drinking something cold,

needs and admits of no exclusion. The law is coextensive with disease. But the disease should not be confounded with its cause or its results. Standing in this affirmative form it does not greatly need elucidation. But suppose we say:

(1.) When the cause of the disease is present and operative, remove that cause if possible, and assist nature in the work of restoration by using the homœopathic law. If the cause can not be removed, and continues present and operative, still the homœopathic law should be applied.

(2.) If the cause has been removed, the affections induced will in every instance find a similimum among our remedies, and it should be applied.

(3.) Injury, or destruction of tissue, forms no exception, for the parts remaining are in need of just that help which the homœopathic law affords. We need no better reason than this for applying it.

In short, as every state of disease is capable of being matched by its similimum the law needs no exceptions in its applications. And we need only add that we take the word disease to mean just what Hahnemann first taught us to mean, viz: a dynamic disturbance of the vital powers, a derangement of the more subtle principle of dynamic change in the forces of the tissues.

If now any one is inclined to follow still remoter causes and [illegible] we must say that such reasonings are [illegible] and practically [illegible]. Let it be that what [illegible] of which [illegible] that there [illegible] and [illegible] might make [illegible] [illegible] [illegible]

Squilla. Cough worse from cold water, *Sulph. acid.* Cough as soon as he eats or drinks anything cold, *Thuja.* Cough from eating or drinking cold things, especially water, *Verat. alb.*" Page 144. "Liability to take cold from having head wetted, *Rhus tox.* Disposed to take cold on getting head wet, *Sepia.*" Page 96. "Chill lessened in the open air, *Mang. mur.* Chill lessened out doors, *Mezereum.*" For our part we are fond of recognizing distinctions, but there should be a difference also. In these cases the differences are merely verbal, and the book is full of them. We do not believe in this sort of book making, nor do we think it worth while to waste one's life in using it after it is made. We do not, however, condemn Dr. Worcester's book in toto, for it is full of good things and can be made very useful even in its present imperfect form. It should be condensed.

Sexual Neuroses. By J. T. Kent, A. M., M. D., St. Louis.

We beg pardon of the author for our delay in noticing this work. It is unnecessary to say that as the writer probes with a bold hand, he opens up some unsavory spots; and in his investigations he throws light upon disgusting objects. The whole subject is one from which the cultured and refined mind naturally shrinks. This, however, does not alter the fact that here is the fountain of a legion of human woes. It is well, therefore, that there is some one both able and willing to treat this subject. Among the topics discussed are, Masturbation, Nymphomania, Spermatorrhœa, etc., etc., all of special interest to the physician, who will find in this practice many of these perplexing cases. The author's treatment is not the worst imaginable, nor the best, and now that he is a professor in a homœopathic college, it is to be hoped that he does not recommend such measures to his pupils.

Spermatorrhœa. Its Causes, Symptoms, Results and Treatment. By Roberts Bartholow, A. M., M. D. Fourth Edition. Revised. Pp. 128. Wm. Wood & Co., New York.

That this work should have passed to a fourth edition speaks highly for the value put upon it by the profession. It has naturally been revised and enlarged, and is now a very presentable work, and doubtless answers a certain want. We note in the preface to the first edition what also appears in several places through the work, the same old stock phrases that have so long characterized allopathic writers. It is so easy with them to magnify their own writings by stigmatizing the writings and labors of others as those of "unscrupulous pretenders" and "quacks," and as being "disreputable," and all that which comes with poor grace from men who

in their sober moments acknowledge that they know little of the cure of any disease. These "quacks" whom Dr. Bartholow so crushingly alludes to, have their remedies and report their cured cases, which latter is not allowed to be quite professional. Dr. Bartholow does no less, and reports a number of cases with considerable detail, all of which were, of course, cured, and, doubtless, by this publication there have been brought to him other patients, and much money. This may be all right, but why should he denounce others perhaps equally skillful, but who have not the advantage of a medical college professorship to cover up or gloss over their work? But allopathic writers are nothing if not anti-quacks in profession. We venture to suggest that a little more humility would render their teachings more palatable and reasonable. The book before us is excellent, and worth a careful study, but in therapeutics it is all and only what we might expect from that school.

RECEIVED.

Care of the Teeth in Infancy. By Chas. Mohr, M. D., Philad. Pp 10.

On the Prevention of Hair Lip, Cleft Palate and Other Congenital Defects, and also of Hereditary Diseases and Constitutional Taints by the Medicinal and Nutritional Treatment of the Mother During Pregnancy. By J. C. Burnett, M. D., Editor Homœopathic World. The Homœopathic Publishing Co., London.

Transactions of the Homœopathic Medical Society of the State of Pennsylvania, Sixteenth Annual Session, 1880.

Nephrectomy. By J. H. McClelland, M. D., Pittsburg, Pa.

Biliary Calculi, Perimeorrhaphy; Hospital Gangrene and its Kindred Diseases, with their Respective Treatment. By C. H. VonTagen, M. D. Pp. 154. Boericke & Tafel.

Editor's Table.

Dr. Wm. M. VanBuren has located in Vicksburg.

Died.—Dr. W. Eggert's wife, at Indianapolis, Nov. 24th.

Dr. C. B. Currier has moved to 312 Ellis street, San Francisco.

The Institute of Heredity will hold an important meeting in May.—Loring Moody, Sec'y, Boston, Mass.

Symptoms, Results and Treatment. By
M. D. Fourth Edition. Revised,
York.

fourth edition speaks highly for
naturally been revised
work, and doubtless answers
edition what also ap-
stock phrases that
with them to
and labors of

OUR information as to the death of Dr. L. Barnes, and there being good openings in Delaware was erroneous.

NASAL douche, "one of those things which the doctor gives you to amuse yourself with, while he gets his hand into your pocket."

A PARTNER WANTED.—A first class practitioner, one who is ripe in experience, can hear of a good field to enter into a copartnership by addressing, E. B. Graham, M. D., Cheyenne City, Wyo. Ter.

THE Homœopathic Courier is the latest journalistic addition for patronage. The journal promises specially attractive features. We bespeak for this, the twentieth American homœopathic journal, success.

FOR SALE.—An excellent practice, with a good piece of real estate, a home, in a live town, situated on two trunk railroads in Ohio. Good religious and school advantages. Address, B. N. A., ADVANCE.

WE WISH our Pennsylvania brethren success in the endeavor which they will make this year to secure an appropriation for building a hospital in Philadelphia. Ohio might follow such an effort very properly.

DR. RUNNELS' labors for the sanitary improvement of Indianapolis seem to have borne fruit. The awakening of the officials to the importance of good water is auspicious. He received State appointment to Quarantine Convention.

IF SUGGESTIONS are in order, allow me to make one in relation to your book notices, *i. e.*, would it not be a good idea to give in every instance the price of the publication referred to. I think it would be an accommodation to me for one.—G. E. B.

"HAVE you seen my daughter's baby?" inquired a fond grandmother of a friend. "Oh, yes—but it is so small, so very small" was the reply. "This was to be expected, for you know, don't you, that she was attended by a homœopathic doctor?" replied grandmother with a toss of her head.

DIED.—A. R. Bartlett, M. D., Aurora, Ill. The editor well remembers when Dr. Bartlett held the chair of physiology in the Cleveland school. He was a fine lecturer and a genial and cultured gentleman. Had teaching been to his taste, he might have held a foremost position on the medical college rostrum.

VICK'S FLORAL GUIDE is before us, and those who send ten cents to James Vick, Rochester, N. Y., will be disappointed. Instead of getting a cheap thing, as the price would seem to indicate, they will receive a very handsome work of 112 pages, and perhaps 500 illustrations—not cheap, but elegant illustrations, on the very best of calendered paper, and a beautiful colored plate that is worth twice the price of the book.

IN Franklin, Pa., six members of a family of seven, have died within a few weeks, as supposed, from typhoid fever. Afterward another family of

four was reported as in a dying condition, with similar symptoms. The health officer of Erie, having heard that these families had butchered before becoming afflicted, went out to investigate, and, upon examining the pork eaten by the families, the microscope revealed swarms of trichinæ, leaving no doubt but death resulted from trichionosis.

N. Y. STATE Homœopathic Asylum for the Insane is in highly satisfactory condition. The officers re-elected are, Fletcher Harper, Pres.; Dr. S. H. Talcott, Medical Director; Dr. Wm. M. Butler, 1st Asst. Physician; Dr. C. S. Kinney, 2d Asst. Physician, etc. Building No. 3, for which $150,000 was appropriated, will be completed soon, and cost within amount appropriated. Three hundred and eleven patients were treated during the year; 4.18 per cent died, and 46.56 per cent recovered.

WHILE spending a few months in northern Alabama, I cut the following from the column of professsonal cards in a weekly paper published at Cullman, northern Alabama. It is certainly indicative of the ability of the Doctor to grapple with the financial question: "Medical. Dr. R. T. Searcy has located in Cullman, (Cullman Co.) and tenders his professional services to the people. His knowledge and experience in the healing art will, he hopes, entitle him to the confidence of the afflicted. Will take in payment of bills all kinds of produce, young cattle, hogs, sheep, chickens, butter, eggs, etc. Charges moderate and 25 per cent discount for cash. For transient customers and office prescriptions, except to regular patrons, the cash will be required."—H. C. A.

THIS was a sad and mournful Christmas for the little town of Houtzdale, Pa. The Angel of Death is holding high carnival there. That fearful scourge, scarlet fever, is rapidly thinning and desolating every household in the place. Eighteen children died in one day from this terrible disease, and many new cases are reported. It is but a few days since the first case was made known, and already thirty deaths have resulted from the fatal fever.

Physicians have been summoned from all the neighboring towns, as the few doctors there were all overworked, and could not possibly attend to all the demands made upon them. There is scarcely a family in the town that is not plunged into grief at the untimely death of their children. Mourning and grief are everywhere visible. Heretofore the health of the town has been excellent, and the doctors are at a loss to account for the fearful ravages of the dread disease.

E. C. BECKWITH, M. D., Columbus, O. This well known physician died of ulceration of the stomach, November 21, 1880. At his funeral, his brother, Prof. S. R. Beckwith, delivered an eloquent eulogy, from which we extract the following:

"We shed no tears as we stand over his grave and see him lowered away forever from our sight. We neither sadden nor sorrow at his parting, for

we too well know that in his exchange of this life for that beautiful and loving one where he now is he has been largely the gainer.

"His life of virtue, honor, and purity, from his childhood until he had passed the half hundred mile post in his life's journey and left it in the dim distance, is indisputable evidence of his right to possession of an eternal residence in that ever happy and beautiful life that awaits the coming of the pure and good.

"We shall miss his presence at our family gatherings, regret and sigh for his absence. But our hearts will be filled with emotions of happiness as we contemplate his everlasting happiness and joy, magnified and increased with his associations with the intellectual, pure and holy who only are permitted to occupy a sphere of existence which he has entered.

"Thirty years ago, after receiving a liberal education, he graduated in one of the oldest medical institutions of this country, and soon commenced the labor of his profession. Even in his youth he fully appreciated the sacred responsibilities of a physician. He assumed the professional care of the distressed and sick with a complete and full apprehension of the solemn obligation that he owed to God and the being who entrusted his health and life to his care. He always recognized the evolutions of scientific progress, and aimed to take a high position among those who advocated useful medical improvements.

"He was an active member of State and National Medical Societies. The good results of his knowledge and experience were through these associations given to the world. He contributed liberally to the pages of medical journals, never copying or borrowing a human thought and calling it his own. He gave his fellows in medicine only such facts as a large and ripe experience had proven valuable. The energies of his life were spent for the welfare of the suffering and sick. Human life was as precious to him in a hovel as in a palace; he cheerfully and faithfully served the poor because he loved every human being that entrusted its existence to his care, although he lies before us cold and chilled by death, which has caused his family to suffer a loss and bereavement that even time can not repair. And from out this community an honorable man and useful physician has forever departed, and the profession and associations will miss one of its best and truest members.

"Yet through all this loss, sorrow and suffering for our departed dead, there remains in our memories the pleasant reflections of his purity of life, his worthiness of example, and the certainty of his forever occupying a progressive sphere of happiness, where each hour he approaches nearer and nearer to the omnipotent sublime power of the truly just and perfect."

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CINCINNATI MEDICAL ADVANCE

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QUACK MEDICINES AND THE RELIGIOUS PRESS.—Our allopathic editors are having their usual periodical spasm about this question of advertising patent medicines in religious papers. Says a leading allopathic journal: "We believe there can be but one view taken of this practice in question, which is, that it encourages harmful impositions, and is grossly inconsistent with the principles of Christian morality professed by the papers in question." "In almost every case there are statements regarding the properties of the mixtures advertised, which are absolutely false." "The advertisement of a patent medicine therefore means, in every case, the proclamation of a positive falsehood. Some advertisements, to be sure, are ingeniously worded, so as to give the impression, that the drugs are specifics, without actually saying so. But the lie in them is just the same. Yet these untrue statements are published in nearly every religious journal in the land, and are read, and doubtless believed in, by thousands." This we consider strong, plain, sensible talk. Surely, such a preacher must exemplify his doctrines by his practice; so we turn to the advertising pages of this same medical journal, to see if its skirts are clear. Let us here notice that the term "quack medicine" is a phrase peculiar to the weakness of the allopathic school. It has no specific import, but implies, in a general way, that the medicines in question are not compounded after a United States Dispensatory formula. Also notice that the term, "patent medicine," is a misnomer, there being very few, if any, medicines patented;

will soon take rank in completeness of knowledge as to pathology and therapeutics with the other great branches which are taught in our medical colleges. And while there is much discussion going on among different partisans as to this theory or that as to the means of accounting for different morbid states, and as to different modes of treatment for the cure of such morbid states, it is the duty of the true disciple of Hahnemann to enter this arena of dispute and see what the master's theory of diseases and morbific forces together with his law of cure can do towards settling these vexed questions. The largest factors in causation in the estimation of most writers upon gynæcology seems to be some local condition or anatomical change: whereas we should look behind structure and enquire how has the dynamical power been led into this divergence from the normal and healthy state? Morbid phenomena, no less than normal and healthy phenomena, are movements of life force, and the energy of movement is dynamic. If this proposition be accepted, then pathology is hardly more than a symptom, a valuable symptom it may be, and never to be ruled out, but hardly as valuable as the symptoms that come from the more central expressions of force, the sensorium and mind. The disease is something more than the local lesion, if that be really worthy the name of disease.

While one class of gynæcologists entertain the view that inflammation of the parenchyma plays the all important part, and is the moving cause in uterine disorders, another makes displacements of the uterus the chief cause: another still, affirms that catarrhal inflammation of the mucous membrane is the origin of most uterine disorders, while a fourth makes utero-gestation and faulty involution the cause of all causes: nor is the list of these partisans complete till we bring in the class who attribute a majority of these troubles to hyperesthesia. Prof Thomas, in speaking upon these different theories and the zeal of different partisans, comes to the conclusion that no one of these causes is the universal antecedent, but affirms that one may be the antecedent in one case, and run into the other, or ally the other to itself, and again that

the converse may be true—that any and all of these causes may be the source of the pathological changes at some time or other. This would seem to be travelling more in harmony with the changes made, but it hardly grasps the clear vision of the morbific force moving under the correlating energy of vital force.

The pathological fact may be a hyperplasia of the alveolar tissue or thickening of the parenchymata by a hyperplasm; but the pathological fact is not the disease nor the cause of disease. Nor is inflammation anything more than the product of a force degrading morphological movements. The hyperplasm is an excess of structure with morbid symptoms. These morbid symptoms, expressed in pain and other discomfort to the mind, are much more the exponents of the morbid force; the one being the product of the morbid energy, the other the psychological expression of divergence, from normal movement.

Then not only do we want an enlightened pathology in opposition to narrow dogmatic views, as Prof. Thomas would say, but we want an enlightened intellect capable of analysing the causes of these molecular movements in that transformation which diverts energy into those channels where is worked out our pathological condition. Pathology we need to study, and shall never know too much of it, but let us go behind all pathological changes in our search for the morbific element, making life force and the formative energy our objective point. The importance of this will be seen when we come to the discussion of therapeutics in this question. Bearing this important fact in mind, let us proceed to the study of pathological lesions, for mind. I have not said that the study of pathology was not important; indeed, it gives you most important objective symptoms, and I rank objective symptoms second only to subjective symptoms, and indispensable to the totality which the physician is to seek. That the uterus should perform its functions normally, the structural condition needs to be healthy and natural to the economic arrangements of life forces. That is, there needs to be a proper distribution of nervous energy, a

proper circulation of blood with a vigorous structure building power, and a vigorous energy to remove all the worn out and rejected matter moving under the guiding hand of a correlating life principle. The result of this insures that structure will be in proper proportions in the organ as a whole, and in all its parts. We would not have a superabundance in the areolar tissue, giving us the condition called areolar hyperplasia, hypertrophy, versions or neoplasms, signifying so many abnormal and divergent lines in morphology. The first link in the chain of morbid action may be an altered condition of the nerves distributed to the genital centers which modifies the arterial and venous action disturbing the processses of nutrition, distending the vessels and establishing an engorgement. This may be so persistent as to effect permanent dilatation of the vessels, and end in an excessive development of structure. A morbid condition of the mucous membranes very likely would follow, then, if the impediment remained, the connective or areolar tissue would be increased, adding weight to the uterus, which would be followed by a prolapse, possibly by lengthening one side more than the other, which would give us retro or ante-version, as the case might be. The shock to the vital force which started this train might be at different times quite different. To instance, it might be thermal, as change from cold to hot, or hot to cold; it might be from fright, overwork, exhaustion, parturition, or from an inoculating virus. All these antecedent facts should be studied before our case is made out; to which add the conditions under which the morbid symptoms become intensified, and any subjective symptoms which the conscious, intelligent faculties can give us, ranking these highest of all. These symptoms would ordinarily be pains above the loins, in the groin or down the thigh, within the pelvis or over the pubic arch, aggravated by stooping, walking or riding in the open air, by the heat of a room, by standing, or the recumbent posture, etc., etc. They would also be relieved by certain conditions, have a train of concomitant or sympathetic symptoms, some implicating the stomach, others the heart or head, possibly the

lungs, liver, intestines or the renal function; the menstrual function would become in some sense abnormal, anticipating or retarding, scanty or excessive in flow, with a probable dysmenorrhœa. The desires would become changed, the appetite changed, the senses more acute or obtuse, the disposition altered. Studying our cases thus many-sided, and learning to give the real value of each symptom as a factor, we could but have vast advantage over him who studies his case purely as a pathologist. Coming upon therapeutical grounds we will individualize our remedies so as to meet the leading and most characteristic symptoms in our case, and expect such modification in the vital movements as shall bring them back to the normal state and condition of health. This is in strange contrast with the stereotyped prescriptions always found in our old school works upon gynæcology, such as topical applications of *Acetate of lead*, *Nitrate of silver*, or *Sulphate of copper* or *zinc*, with a laxative for the bowels, and possibly a preparation of *Iron* or *Quinine* to act as a tonic. As pathologists these gentlemen study their cases well, and we may well avail ourselves of what they have learned; but as therapeutists in the main they are to be shunned. I am not now speaking of surgical cases, for where surgery is applicable none do better. They have, however, a penchant for the knife and cautery, which needs the application of a conservatism which shall commit many of their cases to the hands of skilful prescribers of remedial agents. Thomas, in speaking of the failure so generally attending the treatment of uterine diseases says: "It appears to me that the most apparent and most constant of them may be thus summed up: "Imperfect diagnosis; erroneous prognosis; inefficient or inappropriate therapeutics; inattention to general management."

We shall most certainly agree with the Professor, placing great emphasis upon inappropriate therapeutics.

There is much truth in what is said upon imperfect diagnosis. "It is not rare," says the Doctor, "to meet with instances in which physicians have for months treated cases of uterine disease, concerning the nature of which they no

only did not have a correct theory, but had no theory at all. *Under these circumstances* the most general practice is to *pass, about once a week*, a solid stick of *Nitrate of silver* up *to the os internum*, not to cure cervical endometritis, for that *has not been suspected*, but to do the best one can in the way *of treatment*, when he does not know the nature of the disease which he treats."

This statement, coupled with the remarks of Savage, that the most intractable forms of uterine and vaginal occlusion have followed the use of destructive caustics per vaginam, is a condemnation from their own school, sufficient to deter, one would think, even this routine and empirical class of practitioners from such a course. But it does not; for even those claiming to be specialists would think themselves unarmed if their caustic were taken away. Dr. Savage adds that a vast proportion of maladies referred to the uterus are moral, mental, or marital, (some of them scrofulous). Their real causes being overlooked, such are not only rebelious to instrumentation, but are aggravated as well as protracted by any sort of treatment of that character. Such is the testimony of two gynæcologists and men high in authority in the old school ranks. It certainly speaks for something better, and have we that to give? The field of gynæcology, it must be confessed, has not been any too well worked by men in our own school, and the treatment of gynæcological cases in the hands of the majority of physicians pretending to practice Homeopathy is not brilliant, and yet we may be assured that we have the material at our command which can and will advance this branch of medicine to all the perfection and certainty which attends homœopathic general practice. Under our lead, the future of gynæcology will be brilliant. And how shall this be brought about? By attaining to such knowledge as will enable us to select the true [illegible]. I will illustrate this by a case in my own practice. A Mrs. Sargent came to me from the hands of a distinguished Prof. of the Homœopathic school of medicine. She had consulted him for one of those neoplasms known as polypus of the uterus. It was removed by the [illegible] and

soon returned. She then consulted the homeopathic physician of her town, but was not benefitted. I understood that his diagnosis was incomplete, he never making any examination per vaginum, or suspecting her of having any such trouble. What was given I do not know, but it was not the homœopathic remedy meeting the requirements of the case. After four months' treatment with him she came to me; she had a sallow, sickly countenance, looking half bloodless, and complained of general weakness and debility; she suffered severely at her menstrual period, which was rather scanty, the groin and left ovary being involved; her pelvic troubles were aggravated by walking and by riding, both of which she was obliged to avoid for the most part, or experience much suffering. From the reputation *Thuja* has obtained in sycotic and polypoid affections we were led to study the pathogenesis and clinical record of the remedy as bearing upon our case. We found two or three case of uterine polypus reported cured by *Thuja*. We found among Guernsey's characteristics, a terrible distressing pain occurs in the left iliac region, when walking or riding; she must lie down to get relief, the same pain occurs during the menstrual period and extends into the left groin. These characteristics, joined with the constitutional condition, led to give *Thuja occidentalis*, and we selected the 200th potency, giving a dose once in two days. She discharged the polypus at the third menstrual period following, and eight years later no return of the disease had occurred. This shows the value of finding the constitutional element in the case, and joining it to the characteristic symptoms. It is the function of vitality to build and repair; it is the function of the physician to provoke vital activities to their work of reparation. That *Thuja* has some power for the removal of these polypoid growths of the uterus we have had occasion to test, and with success, only a few weeks ago. A lady with a red pendulous polypus hanging some two inches from the os, consulted us. The os was open, and the uterus tender to touch. She complained of weight in the pelvis, and had occasional attacks of severe spasmodic pains in the region of the right ovary, which was

tender, as well as the whole right hypogastric region; she was low spirited, and fancied she had some incurable affection of the womb; complexion was rather pale and inclined to be sallow. Motion did not agree with her; she was at her menopause, and troubled also with flashes of heat suddenly passing over her. Her mental state was a feeling as if she should soon die. She even said she wished she were in the place of a deceased neighbor whose demise had just taken place. Her temperament was lymphatic, sanguine, with dark hair, quite tall and a little rachitic. She was given *Thuja* 200 every two or three days, and the polypus disappeared in the course of three months. It will be seen that the pains in this case were more about the right ovary while those of the other case were about the left. We may hereafter look for such pains when a full proving shall be made by women. I have no doubt but the pathogenesy will give us pain in both ovaries. These cases emphasize the importance of meeting the constitutional dyscrasia. Dr. Gallupe is sure of having cured an ovarian cyst upon the right side with *Podophyllum*. Several others have cured ovarian enlargements, among them, Kippax, with *Lycopodium*. Prof. Ludlam reports a case of an interstitial uterine fibroid treated successfully with *Trill*. Patient aged thirty-three, had been troubled with menorrhagia for eight years, never pregnant. She first discovered she had a tumor after lifting a sick sister some years before consulting the professor. It increased in size at each menstruation, the flow was copious, at which time she had much pain, and at no other time. Menstruation at one time since appearance of fibroid, was suppressed for a year. She is now under the use of *Trill.* regular, while the growth of the tumor has been arrested and the patient's health made good. These cases are not given because they present the strongest phase of curative remedial agents outside of surgery, and within the homœopathic curative law, for we have others of even greater significance. In a letter from Dr. Biegler last summer, he speaks of constantly progressive curative changes going on in two cases of schirrus of the womb, and believes he will be able

to effect a cure. In my own practice I have so far advanced a case which seemed to be of a schirrus nature, that I expect to indefinitely postpone the hour of fatality, if I do not effect complete resolution. The lady had a sister who died of schirrus of the womb only two years ago. She has just passed her climaxis. The os was open, lips and neck hard to the feel, and much thickened; parts would bleed from the slightest touch, and patient had a burning, stinging pain which occasionally darted into the ovaries and abdomen. Her countenance was sallow and pinched; she was weak in body irritable in spirits and much depressed; troubled with aching which she referred to the womb; more pain in the left ovary than the right. She was put upon *Ustillago*, which soon improved many of her symptoms, notably the hemorrhagic tendency, stinging, burning pains; her general health has greatly improved, and the local trouble, though not cured, is arrested of its advance movements, and may be said to be really much improved. Later in the treatment I have given a few doses of *nosode Schirrinum*, sent me by Dr. Biegler to try in my cases of schirrus, it being the remedy he was using in his own cases. I have no definite reports to make of cases where it has been tried, but should think my case had been benefitted from its use. We have seen enough of the action of remedies, however, to be able to say with Hahnemann, "In the cure of disease it is necessary to regard the fundamental cause and other circumstances. The sufferings of the immaterial vital principle which animates the interior of our bodies when it is morbidly disturbed, and the mass of symptoms produced by it in the organism which are externally manifested and represent the actual malady constitute a whole, they are one and the same." But the value of homeopathic threatment in aid of recovery from surgical operations is only second to its value in preventing the necessity of the bistoury and scalpel. Indeed, as yet it may be of the greater value for the reason that many of our great operations are made comparatively safe, when preceded and followed by homeopathic treatment. The use of *Arnica*, *Calendula*, *Aconite*, *Belladonna*, with other fever controlling

remedies, supported by *Hepar*, *Silicia* and *Sulphur*, enable us to enter upon our work with such resources at our command, as to be able to give double assurance of success. If one will carefully read the homœopathic treatment in one of Prof. Ludlam's cases of ovariotomy after the operation, found in the eighth number of the "Clinique," he will see how much the success of that operation, which was in a bad constitution, was owing to medicine skilfully given, though the operation was well performed. In selecting a remedy, a most careful differentiation of all the characteristic and guiding symptoms is necessary if we would attain to success. Sometimes failure or success will turn on the point of a nice discrimination between two remedies which run parallel up to a given point, and differ only by some one or two divergencies thereafter; but just where they are unlike may be the key-note and the symptom highest of rank. No symptom is trivial provided it really belongs to the drug, but there are symptoms of different value, and those which are peculiar to a drug and that drug alone, are of first importance. A drug which holds in its impressive forces the typical constitutional degradation and special symptoms, is the agent on which, properly administered, we may rely for a cure.

Location of pain, direction in which the sensation of pain moves, time of aggravation of pain, circumstances which aggravate the pain or malady, cravings of patient and dislikes while under the influence of the malady, are points in analysis and differentiation never to be overlooked—things that must be weighed before the totality is made out. And among some of these symptoms there will be a sufficient variance to enable one well up in our provings to get at the similimum.

From experiments made in Paris it has been ascertained that the pulse of the lion beats 50 times a minute; that of the tiger, 96; of the tapir, 44; the horse, 40; of the wolf, 45; of the fox, 43; of the bear, 38; of the monkey, 48, and of the eagle, 190. It was impossible to determine the beatings of the elephant's pulse.

What Dose of Sulphur be Administered? By H. Goullon, Weimar. (From Die Allg. Hom. Zeitung.) Translated by A. McNeil, M. D.

Sulphur is the bearer of a definite medicinal power, such as is not found in any other substance in nature. Nothing else is identical with it.* This is as undeniable as Lavater's assertion, that in the world there are no two pairs of hands that are exactly alike, notwithstanding the thousand millions of inhabitants of the globe. But this is not entirely true, unless the *Sulphur* power, not the *Sulphur* matter, is meant; in other words, the real homœopathic cure as performed only by doses such as are prepared by homœopathic pharmacology. It does not thereby follow that cures have not, and can not be made with relatively large doses of *Sulphur*. But where we see *similia similibus curantur* realized, there the high and highest potencies come into play. And it also appears to me that the latter mode of cure gives a better guarantee of a permanent cure.

Finally we must not forget that *Sulphur* almost always reminds us of chronic disease, and then every one as instinctively reaches to the bottles with two ciphers on the signature, indicating the potency. We read many times that a higher of the same remedy accomplished the designed purpose, after the lower was employed in vain.

We may, in this connection, refer to the statement of Dr. Hartlaub, which in a great measure is identical with our own, and which is condensed in the following words: "The homœopathic preparation of drugs does not aim at diluting and dividing the medicinal matter, but at removing it. It accomplishes an actual setting, free and isolating, of the medicinal spirit, (we call it medicinal power) and unites it to a new vehicle, and lifts it to a higher and freer state. By this setting free of the spiritual, an ennobling takes place with an increase

*The same is true of every medicinal agent. It may resemble others more or less, but the difference is clear and unmistakable to the well cultured eye.—TRANSLATOR.

of its activity, penetrativeness, thoroughness (grundlichkeiten) completeness and characteristic keenness. These are the doses of Homœopathy.

Dr. Carroll Dunham, in his opening speech to the Homœopathic Congress of the World, in 1876, said it was probable that the intellectual experiments of a Tyndall or Crookes would lead to the general acknowledgment and to a proof of the efficacy of potentized remedies. Since then the experiments of Crookes on "radiating matter" have led to what the able president of the World's Congress had predicted.* However, without digressing, we will return to calm, unembellished observations at the bedside, and corroborate by some of our own cured cases the above maxim.

CLINICS.—CASE I.—A woman of thirty-three, in very depressed health, childless, has suffered for six years, *i. e.*, since her marriage, in her stomach. The region of stomach is swollen and painful; pressure aggravates the pain; after eating, but particularly after heavy food, acids or spices, she complains of fulness and burning that radiates to the œsophagus; nausea, retching and vomiting of the food, drink and mucous; often tormented by a gnawing pain in the stomach, which extends upwards to the chest, and is ameliorated by loosening her garments; she is frequently annoyed by flatulence; her bowels usually move only every three days, the stool is hard, lumpy and insufficient; frequent, ineffectual urging to stool; difficult breathing and palpitation, on ascending and walking fast; languor; falls asleep late, dreams much, particularly of corpses. In the morning she is not refreshed, afternoon sleepy; chilliness and gooseflesh; sweats easily; pulse 96; some thirst; she is anxious, timid, sad, irritable and obstinate; on sitting up, dizziness; vertex painful on contact; frequently a small abscess rises on the upper gums.

Several physicians, including a homœopath, had been consulted, without giving her the slightest relief.

*Prof. Jager's experiments with the neurometer have now demonstrated the efficacy of high potencies, but the greater power of these than the lower. No one who is not ignorant of these experiments can deny the claims of high potencies.—TRANSLATOR.

Nux vom. 3, eight drops in eight ounces of water, morning and evening, a tablespoonful. This or *Sulphur tincture*, a drop daily, for eight days, did no good.

June 10, 1871. *Atropin* 4, a grain night and morning; improvement began immediately, which continued till the 1st of July, but it did not accomplish a cure.

After a careful comparison of the altered and improved condition, I again gave *Sulphur*, but only every six days. At first two doses of the eighteenth, then of the thirtieth, and finally of the two hundredth. A radical cure followed; more than a year has passed, but she is still free from her tormenting sufferings, and is again blooming and strong.*

Case II.—Frau Seip, Dr. Kirscher reports, Allg. Hom. Zeitung, bd. 85, s. 156, a poor old woman, who is well up in the sixties, and still lives in Wiesbaden, was sick in the beginning of 1850, with ascites. After six or seven weeks treatment did not return. After some weeks more her husband came back, saying, that her new physicians had said she must die. She now received a prescription for a month, and after the third she was perfectly well. *Sulph.* 200, *Lycop.* 200.

Case III.—A lady suffered from complete aphonia, with rough, choking cough. These symptoms were the result of a pneumonia, and had continued six weeks.

Sulph., high potency. In two days her voice was perfectly natural, and also the cough was better.

Stenser gave to two children who were having twenty epileptic paroxysms a day, *Sulph.* 400, (Jenichen) one dose each, on account of the well marked scrofulous constitution. After this one dose, the attacks decreased gradually, so that after six weeks no more occurred. Since then two years have passed, with no return. A child in the family had succumbed to the disease. In the same way he gave to a boy

*Vide Allg. Hom. Zeitung, bd. 85. s. 101. What is here said of *Sulphur* is clearly true also of *Hepar sulph.*, *i. e.*, the higher potencies deserve a decided preference and cure after the low have failed. With *Hep.* 30, an amputation of the index finger was averted, as is reported in the above mentioned volume, page 171.

fourteen years old, one dose *Sulph.* 200 (Jenichen); the attacks decreased gradually and then did not again return.

CASE IV.—The *ne plus ultra* of the curative action, high potencies of *Sulphur*, is the report of the cure of a bird dog, by Baron von Zuydtwyk. More of such facts will lead us to the conviction that continued potentizing produces entirely new medicinal bodies with new therapeutic properties.

The dog had a hereditary mange; his back was sore, the hair nearly all fallen out. *Clematis*, *Sulphur* and *Sepia* had no effect. Then his back was annointed with the common itch (*Sulphur*) ointment, which caused a violent diarrhœa, and after eight weeks his back was worse than ever. Six months after the application of the ointment, the eruption being unchanged, the Baron gave *Sulphur* 2000, (Jenichen). Improvement set in, and in three months the dog was permanently cured.

CASE V.—A teacher had suffered from albuminuria, with dropsy, for several years. The face and the feet were swollen, the neck œdematous, the thorax filled with water; hawking, difficult breathing, and palpitation; the deposit of albumen in the urine uncommonly abundant.

After a dose of *Sulphur* 200 (Jenichen) had been given, in eight days improvement was perceived; the external swelling had visibly decreased, also the deposit of albumen was less. *Arsenicum* 200, (Jenichen) which was repeated every eight days, with now and then a dose of *Sulphur* 200 interpolated.

Yet *audiatur altera pars.* Dr. Cooper reports a case of intermittent fever which he cured with the tincture of *Sulphur*, and he adds, while he refers to his former poor success in such cases, that since he had employed the tincture he had brilliant results. This was particularly the case where large quantities of medicine had been taken, which *ecterus paribus* is always an indication for *Sulphur*. The Doctor had seen the second trituration cure certain cases of constipation, while he had seen the 30th and 200th cure certain chronic diarrhœas. The latter agrees with clinical cases cited by us: "In different epidemics of dysentery, wherein the usual remedies

(*Mercur.*, *acid Nitric.*, etc.) had failed, *Sulphur* had cured, not the 1st, 2d or 3d, but the 30th."

According to Dr. Bayes' experience the higher potencies of *Sulphur* are particularly valuable in the recovery from acute inflammations, for instance, pneumonia.

Microscopy.

Responding to the solicitations of the editor of this journal, the undersigned assumes the responsibility of conducting a special department of Microscopy; he however desires to state at the onset, that at present it is somewhat uncertain whether his professional engagements will, in the future, admit of his giving the matter the time and attention it properly demands.

During the past year he has been almost in constant correspondence with homeopathic practitioners, as well as medical students, desiring to obtain information on matters microscopical. The growing interest in microscopy, as attested during the past twelvemonth, by the enormous demand and sale of microscopes—a large proportion of which are now being used by members of our school, plus the fact that the "totality" of symptoms can not always be well arrived at without the use of the instrument—all the indications go to show that a department of microscopy has place in a well conducted medical journal, and if properly presented, ought to add to the interest of its readers.

Whether the undersigned has the ability, or the *savoir faire* to make this department a success, it is frankly owned, is a question which the future can only solve; nevertheless the attempt shall be made.

Feb-2

First of all, we shall try and make the department interesting, to this end contributions to the regular microscopical, as well as other journals, of an acceptable nature will be laid under tribute, in other words transferred (bodily if need be) to our department, giving of course due credit where credit shall become due.

Second, we earnestly invite the co-operation of such of our medics who may be engaged in original investigations with the microscope.

Third, we further earnestly invite those of our practitioners who have lately commenced microscope investigations, and who feel the need of an occasional suggestion, to make known to us their perplexity. Interrogatories of this nature will constitute a feature of our department, and will be responded to to the best of our ability. Communications of this character from students just graduated are especially desired. Both interrogatories and replies thereto will appear in our columns.

All communications intended specially for insertion in our department, must be addressed to, J. EDWARDS SMITH, M. D., No. 345 Superior street, Cleveland, Ohio.

On the Absolute Invisibility of Molecules and Atoms.* By Prof. A. E. Dolbear.

So much attention has lately been given to the microscope, and its efficiency has so much been increased, as to have raised the hope in some persons that the ultimate molecules and atoms of bodies might yet be subject to the scrutiny of observers as such minute bodies as monads are now.

* Read at the meeting of the American Association for the Advancement of Science, at Boston, August, 1880.

It is a pertinent inquiry, then, as to the increase in power needed, and also, the physical conditions in which molecules exist. First, as to the size of atoms. Determinations of the size of some atoms have been made by several eminent physicists. The basis here employed will be that of Maxwell, who gives five ten-millionths of a millimetre as the diameter of an atom of hydrogen. Now, under ordinary conditions, two or more atoms are combined to form a more or less compound molecule, and these are of all degrees of complexity. Thus, a molecule of water contains three atoms, a molecule of alum about one hundred atoms, and a molecule of albumen, according to Mulder, contains nine hundred. There are compound molecules known, which have nearly or quite double that number of atoms. When atoms are thus combined, it is fair to assume that they are aaranged in the three dimensions of space, and, therefore, the diameter of the molecule will approximately be as the cube root of the number of atoms that compose it, so that a molecule of alum will have a diameter equal to

$$(\sqrt[3]{100}=4.64),\ \frac{4.64}{25000000}=\frac{1}{5431000}\text{ mm.}$$

A molecule containing one thousand atoms will have a diameter equal to

$$(\sqrt[3]{1000}=10),\ \frac{10}{25000000}=\frac{1}{2500000}\text{ mm.}$$

Now, a good microscope will enable a skilled observer to identify an object as small as $\frac{1}{4000}$ mm. ($=\frac{1}{101600}$ of an English inch. J. E. S.) Beale figures some fungi as minute as that, and Nobert's bands, and some of the resolved markings upon diatoms, that have been resolved, are even finer than these. If, then, the efficiency of the microscope could be increased as much as fifty times.

$$(\frac{200000}{4000}=50),$$

it would enable an observer to see a molecule of albumen, and if its power could be increased one hundred and seven times,

$$(\frac{431000}{4000}=107),$$

one might see a molecule of alum. Some years ago, Helmholtz pointed out that interference in light waves would

probably limit the visibility of very minute objects, in much the same way as the chromatic fringe limits the distinctness of larger objects, as every one is acquainted with, but, admitting that there would be no trouble from that source, there are some other physical conditions which must absolutely prevent us from ever seeing a molecule. One of these is, then, incessant motion, which is of two kinds, external and internal. A free gaseous molecule of hydrogen, at ordinary temperature and pressure, moves in a free path with a length about one ten-thousandth of a millimeter, and with a velocity in that path about 1,860,000 mm. per second, that is, more than a mile a second, while its direction is changed millions of times in a second. Now, every one knows, who has looked through a microscope, that movement is magnified as much as the object moving. What hope can one have, then, of ever seing a molecule of hydrogen, or any other gaseous molecule? It not only could not be seen, it could not even be glimpsed. Could any one see anything of any object whatever, even to know that it had passed in the field of view, when it moved across that field with a velocity of even one metre per second? And if not, much less when the velocity was nearly two thousand metres. But suppose that such a molecule could be caught and held in the field so that it should have no free path. It still has a vibratory motion, constituting what we call heat, which consists in a rapid change of form, and this occurs on an average, five thousand millions of times per second. A motion that would make the space occupied by the molecule visibly transparent. Imagine an amœba to change its form only one hundred times in a second, it is doubtful whether the thing could be even seen to be in the field. This is true of solids and liquids. Mr. D. N. Hodges, of Cambridge, has determined the path of a molecule of water, at the surface of water to be about .0000024 mm., and though,the path is still less in a solid than in a liquid, it must still be many times too great for observation.

Again, molecules are transparent. The sunlight streams through an atmosphere, yet it is not perceptibly treated by it, the chief heating effects being near to the surface of the

earth where watery vapor and impurities exist in greatest quantity. The stoppage of light rays in the gases is very slight indeed; so that practically the separate molecules are transparent, which would prevent one from seeing them, although their magnitudes and motions did not prevent.

There is one consideration which might exist here, viz., some molecules possess the property of changing wave lengths from a shorter to a longer one, this we call fluorescence; such a molecule in the dark field of a microscope, that is to say, a field in which the only rays that were in it were too short to excite vision, might transform the short wave into a longer or visual wave, when the molecule might appear as a colored spot upon a dark background. But this would only so appear if the molecule was quiescent. If it had the motions attributed, even that could not be seen; and it is hence concluded that it must be forever impossible to see atoms or molecules.

The Relation of the Microscope to the Atomic Theory of Matter.

From a paper read by Dr. Ford, at a late meeting of the Elmira Microscopical Society.

Dr. Ford speculated upon the query, "can we hope that the microscope will show us an atom, or a molecule?" He referred to Huxley's statement of three years ago. in which he said that if objective makers could not produce lenses that would show the spaces between lines $\frac{1}{100000}$ of an inch apart, a molecule would never be seen. But in 1880, Helmholtz has seen Nobert's lines, ruled 112,000 to the inch; and yet the molecule remains unseen. He commented upon the wonderful rulings upon glass made by Nobert and Mr. Fasoldt, the latter having ruled lines, by means of a delicate

machine, that number ten millions to the inch. The maker, of course, had never seen the lines he had ruled, but he knew they were there because his machine had made them, and were only waiting for some objective to reveal them. His band of 90,000 to the inch had been seen by many microscopists.* The striæ upon the *Amphipleura Pellucida*, numbering 132,000 to the inch † are now plainly resolved by the best objectives of wide angular aperture. This is the best that has so far been accomplished, leaving the resolution of the molecule a thing to be accomplished in the distant future.

Liebig says of the atomic theory that "the chemist merely maintains the firm foundations of his science when he declares the existence of physical atoms and molecules as an incontrovertible truth," although, like the ruler of Fasoldt's lines, he has never seen them, but just *knows* they are there.

Prof. Helmholtz has determined, approximately, the diameter of a single molecule of water, which he estimates at one 250,000,000th of an inch. The Prof. then described Helmholtz's method of measurement by means of a soap bubble and the wave-lengths of light.

He next commented upon the construction of our present lenses and of the microscope of the future, with possible diamond and sapphire lenses possessing greater refractive power, but leaving his attentive audience to infer that an atom and molecule would probably never be revealed, notwithstanding the great improvements likely to be developed in microscopic objectives.—*Am. Journal of Microscopy.*

* We have frequently resolved and shown to our friends Mr. Fasoldt's 120,000th bands. J. E. S.

† The figures are too high. The transverse striæ of *Am. Pell.* average from 90,090 to 105,000 to an inch. J. E. S.

THE December death rate for United States was 21.81, against the November, 20.46. This increase was attributed to the cold of December The increased mortality of acute lung diseases was forty-four per cent; of consumption, seven per cent. Small pox exists in almost epidemic form in New York, Philadelphia, Chicago, San Francisco, and Camden, N. J. None in Cincinnati to date.

Binocular or Monocular—Which?

Thousands of times the question has been asked, "Which do you prefer, the binocular or the monocular?" and as it is more than probable that this question will arise in the minds of some of those who read this journal, perhaps a word or two on the subject may not be amiss.

Mr. Henry Crouch, F.R.M.S., a well-known maker of microscopes, visited this country during the Centennial Exhibition, and on his return complained bitterly of "an eminent German microscopist, who assisted in examining the microscopes on exhibition at Philadelphia, and who from the first loudly proclaimed the uselessness of binoculars, but whom he afterwards found out had never used one." The writer is pretty much in the same boat with the eminent German.

Since the introduction of the binocular, we have made several downright square and honest attempts to use the binocular long enongh to be able to express an opinion worth consideration, but in each and every case the double-barrelled machine proved too much for our patience. With the low powers the instrument is capable of giving very pretty shows, particularly where a certain stereoscopic effect is supposed to add force. Hence the binocular is eminently fitted for such displays, and is eminently adapted, too, for the entertainment of those of our lady friends who visit the soirees of microscopical societies, without feeling specially interested in microscopy as a science.

If so be that there can be structure displayed by the binocular that can not be seen equally well by the monocular, be it so, and the author will joyfully add his testimony to the same, after having arrived at the fact.

Many of my friends have binocular instruments, but I can not call the name of the party using one; that is, when I am present, for inevitably the first thing done by the owner is to displace the prism, and to use the stand as a monocular. I have never found a solitary exception to this rule.

But some one may say: What possible objection can there be to purchasing a binocular, since, as you admit, the instrument can be changed instantly to a monocular, and the purchaser has his choice. He certainly has all that you have got and perhaps (allowing force to the opinion of others) more too?

Well, that looks lucid enough; and in truth that argument has sold many a binocular. Nevertheless, "all is not gold that glitters." Let us take a look from another stand-point, thus:

First. The binocular involves greater weight; as a rule, they are unwieldy, lumbering things, destitute of grace, symmetry, or aught that goes to make a clean, well-proportioned stand.

Second. The binocular instrument is much more complicated, and hence more expensive, the purchaser being required to pay, without getting in return value received.

Third. This form does not admit of the instrument being used with short tube, and to the worker this item has particular force.

Fourth. The extra expense attending the purchase of a binocular, can be better applied in other directions. Those who value dollars and cents will find force in this objection.

Fifth. I oppose the binocular, because the monocular is good enough, and because the real work of the microscope has been, and will continue to be done with the monocular.

Sixth. The binocular is to a certain extent impracticable, because the two eyes of the observer are not alike. There are exceptions, but not to an extent sufficient to invalidate the rule.

Seventh. I oppose the usual form of binocular instruments, believing that the binocular eyepiece invented and made by Mr. R. B. Tolles is a preferable way of obtaining binocular vision.

Having thus presented my objections, let the reader elect for himself, with this assurance on my part, viz., better get a good monocular than a poor binocular.—*From advance sheets of Prof. Smith's Book. "How to See with the Microscope."*

Bureau of Microscopy, American Institute of Homœopathy.

The above Bureau is now organized and nearly ready for work. Several of its members have provided themselves with modern instruments, incurring considerable expense. Doctors Wesselhoeft, Couch, and Rushmore have in possession the finest duplex objectives and solid oculars, by Spencer.

The bureau roll is as follows: J. Edwards Smith, M. D., Cleveland, O., Chairman; Prof. Conrad Wesselhoeft, M. D., Boston, Mass.; L. B. Couch, M. D., Nyack, N. Y.; Edward Rushmore, M. D., Plainfield, N. J.; C. P. Alling, M. D., Bradford, Pa.

The chairman improves the present opportunity to say that members of his bureau are entirely free to act for themselves. He hopes that each individual member will be present at the next session of the Institute, and ready to give an interesting account of their bureau work, thus adding to the general interest of the coming session.

General Clinics.

CARIES OF THE VERTEBRÆ:—On account of the frequency of cases somewhat similar to the following, which a physician sometimes meets in his practice, and which, judging from a discussion I heard lately in a medical society meeting, are very little understood, and the results of treatment very unsatisfactory in many cases, I send the following clinical report of caries of the vertebræ:

Female child, nineteen months old, had never walked, was very fleshy, light complexion; health had been good up to about the eleventh month, and about that time it had fallen across the door sill, striking the back below the top of the hips, as the mother described it, and caused a bruise which had swollen some, and the swelling had finally left, but the part had been tender, and about the fifteenth month of its age there seemed to be a round, hard formation on one of the sacral vertebræ, and the child had never tried to walk afterward.

When it was nineteen months old I was called to prescribe for it for the whooping cough. Found it lying in the cradle and was told that it could not walk, and then the above history was given me. Upon examination I found near the lower part of the sacrum, right side, a sinus discharging extremely offensive matter, mingled with pus and small particles of bone; also from the vulva was oozing the same character of matter, mingled with small granules of bone and an offensive mattery discharge occasionally from the rectum in the form of a diarrhœa. There was evening fever of hectic type, followed by profuse perspiration of the head and neck, and great thirst; the legs were much emaciated, and lay immovable where the mother placed them.

I gave for a few days appropriate treatment for the whooping cough, and then prescribed as follows for the above described trouble. For one week I gave *Silicea* 1*x*. trit., every four hours during the day. The second week *Hepar sulph. calc.* 3*x*, trit., on account of the suppuration and the disposition to cover up warmly. The third week I gave both *Silicea* and *Hepar sulph.*, and continued thus during the fourth week, at the end of which time sinus was healed, there was no abnormal discharge from any parts, the fever had entirely disappeared, and the child had now begun to move its legs; the face wore a look of health and it gained rapidly in flesh, but on seating it on the floor it could not or would not yet support itself but would fall over—(previous however, to the formation of this sinus it had sat alone a great many times, and sat upright) but after a few days it would

sit up and brace with its hands on the floor, and now, at the end of six weeks from the beginning of the treatment, it stands erect, unsupported, and will no doubt walk as soon as it learns the use of its legs. No local treatment except warm water for cleanliness.—J. C. KILGOUR, M. D., New Richmond, O.

HEMORRHAGE OF LUNGS.—Mr. R., aet. forty-five, married, for over two years has had occasional attacks of hemorrhage of lungs; these attacks were temporarily relieved by *Secale.* About the first of October he contracted a severe cold and with it a renewal of the hemorrhage. This was relieved by *Secale*, except in the mornings, when the sputa would be blood streaked. Coughed and expectorated a whitish saltish phlegm, about three ounces a day. The hemorrhage came for the most part from the base of the left lung at which place a bubbling sound could be heard. Two sisters had died of phthisis pulmonalis. Patient dispirited, and had a dread of evenings and nights, when he would be restless, and the most of the night in a sleepless condition. For more than ten weeks patient had been slowly getting worse. On the evening of December 23, 1880, gave him *Psorinum* 200c., potency, in pellets, to be followed by *Sac. lac.* On that night he had chills, fever, and sweat all night, on the second night had another paroxysm, but in a less degree; on the third night the paroxysm lasted only about two hours; on the fourth night slept all night, which he had not done for probably a year or longer, and has continued to rest well; the cough has grown gradually less, and is now almost relieved; has had no blood spitting since taking the pellets. The marked aggravations for three nights after taking the medicine, the individual and family history, and the gradual recovery of patient, makes the case to me an exceedingly interesting one.—T. RYALL, M. D., Savannah, O.

' LOCATION by a homœopathic physician wanted in Ohio. For particulars direct to B. B., in care of Dr. Geppert, MEDICAL ADVANCE.

Miscellaneous.

About Eyes. By F. Park Lewis, M. D., Buffalo.

Dr. Lewis began by saying that it was a fact that many of the ills to which flesh was heir were due either to the ignorance or to the wilful negligence of those on whom they fell. And oft times the plagues and epidemics that decimated cities, as well as the afflictions with which individuals were visited, were the logical and righteous sequence of their own violation of the laws of nature. In the human economy, as throughout the universe, law reigned supreme, and whensoever or howsoever an interruption occurred in nature's movements, disastrous results would surely follow. To the mind of the lecturer none of the works of God conveyed at once a clearer sense of His infinite wisdom and love than the human eye. Thoughts might be expressed by the eye for which the tongue could find no words. Like the song of the siren, a glance might lure to destruction. A look might be the inspiration that led to victory. Emerson said: "One of the most wonderful things in nature is a glance. It transcends speech. It is the bodily symbol of identity." The ancients played very strange freaks with the eye in mythology, and indeed it had always been a favorite theme for their dreamy fancies. In all the workings of nature there was a harmonious co-adaptation of the object to its surroundings that challenged at once our wonder and admiration. Every creature and every plant was found indigenous to those localities in which circumstances were most favorable to its growth and development. We found, morover, that the various organs and tissues, differing as they did, in the many orders and species, were yet in each instance perfectly suited to the wants and requirements of the being to which they belonged, and nowhere was that mutual correlation of the organ to the animal, and the animal to its sphere more beautifully exemplified than in the eye. Diverse in

form, in position, in structure and in sensibility, in the many kinds of created beings, it was nevertheless exactly the eye demanded by the nature of the environments. Resting on a soft cushion of fat the human eye was firmly ensconced in a bony socket. Deep enough to be beyond the blows that might strike the face it had still range of motion to command a wide field of view. The eye of the ox, which was more exposed, was supplied by a strong muscle by which the whole ball might be drawn back in the orbit. The soft mucous lined lids cleared the transparent window, while the interlacing lashes formed a barrier against the particles of dust and sand blown about by the atmosphere. The gush of tears excited by an irritation might serve to wash away the offending substance, while the spasmodic contraction of the lids on the approach of danger might often suffice to save the ball from harm. The lids furthermore spread over the eyeballs a fluid which served to keep it bright, clear and moist. An additional protection was found in some birds and animals in a third eyelid, within the other two, and which in the rhinoceros was enormously developed. In man the eye had reached its highest development, and while as an optical instrument it was full of imperfections, it was nevertheless the most perfect arrangement that could be devised for the purpose for which it was employed. In the higher order of created beings the eye was movable around an imaginary fixed point only. The muscular and nervous arrangements of the human eye were such that in its normal and healthy state perfect harmony of action was obtained. The lecturer then described the eye by means of a large model and diagrams, and explained the optical laws, over-sighted eyes in children, near-sightedness, astigmatism, and old-sightedness. There was within the normal human eye a certain reserve or latent power not brought into common requisition, but when protracted application was required that surplus power was employed without causing the eye to suffer. In the malformed eye, on the other hand, the maximum of effort was continually put forth, and fatigue was

much more quickly and easily produced. So when all eyes suffered sooner or later from excessive use, or from defective hygienic conditions, those having an imperfect refractive index were usually the first in which the difficulty was manifested. The eye was an integral part of the human economy, and sympathised with any physical depression. It was no uncommon occurrence to find convalescents from typhoid fever and diphtheria enjoying but little more control over the muscles of the eye than over the arms or limbs. Proper dietetic rules were as essential in maintaining the strength of the eye, as of the hands and the brain. The relation was so intimate between the eye and the general system, that the perfect regulation of the whole was necessary in order to assure the perfect well being of all its parts. There were, however, certain indiscretions having a local influence that were too common among people of all ages. Chief among those were the excessive use of the eyes for close work. Near vision was the active condition, distant the passive condition, or rest. It was well to raise the eyes from time to time from the work that the muscles might be relaxed and rested. Sudden transitions from darkness to bright light were extremely hurtful to the eyes. It was related of Dyonisius, the tyrant of Syracuse, that after keeping his victims for many days in a darkened dungeon, he would bring them unexpectedly into a whitened, brilliantly lighted room, when the sudden shock would be so severe to the sensitive nerve elements as to paralyze and blind them. It was not uncommon to find similar results arise from the heat and glare of furnace fires, or the reflection of the sun's rays on the surface of the ocean or sandy sea beach. Almost all the color found in nature was agreeable to the healthy eye, and it was only in hyper-sensitive or diseased conditions that certain rays of the solar spectrum must be excluded. The orange color at such times was particularly objectionable, and was best excluded by the blue or smoke tinted glass. Green protective glasses, at one time so commonly employed, should not be used. Throughout the universe, where brilliant colors

abounded, Providence had modified the brightness by neutral tints and destroyed monotony by the blending of those hues which gave at once the greatest beauty and harmony. The azure vault above was flecked with fleecy clouds, and amid the chlorophyl dyed leaves were variegated flowers. But all people were not alike able to distinguish those tints and colors, though few were aware of the extent to which color blindnesss prevailed. That was frequently a symptom of more serious trouble, though it was generally a natural defect. It had been estimated that four in every one hundred persons were unable correctly to appreciate color. One of the most absolute essentials to a strong and healthy condition of the eye, was an abundance of pure fresh air. The eye ought not to be used for long continued work at night. Artificial light was always trying to the eyes. The page should be illuminated from the rear, and on one side rather than in front, and a shade which served the double purpose of condensing the light upon the page and at the same time shielding the eyes from the glare, would prove to be a valuable auxiliary in warding off fatigue. The strain on the accommodative apparatus also made reading in bed, or in a reclining position, so trying that serious and permanent injury might result. With reference to defective vision in children in relation to the choice of a future vocation, parents, who had the welfare of their children at heart, would do well not to neglect that point. The progressive nature of near-sightedness made that especially important, and any work necessitating close or persistent use of the eyes should not be selected for such a one. In conclusion, he said that if any suggestions of his should serve to impress those present with the necessity of employing the highest and best of our God-given senses more wisely and more understandingly, he would feel that he had not spoken in vain.

HEALTH is what mankind are the least careful to preserve. They not only destroy it by riot and excess, but through a blind credulity they foolishly intrust it to persons of no credit or experience, who impose upon them by their impudence and presumption, or seduce them by their flattering assurances of infallible recovery.

A Case—What is it?

Miss F. aet. twenty-two, dark complexion, stout and fleshy, was attacked with nervous headache in November, 1879. The pain was very sharp, as if pierced with a knife, extending from the frontal region to the occiput. An allopathic physician was called and diagnosed rheumatism. He treated it with linaments and opiates, which would give relief for from one to four days at a time, when it would return with (if possible) increased severity. The menses, which were light colored and scanty, for months previous to attack, became more and more scanty with each molimen, until in January, 1880, the flow ceased entirely. In December, 1879, she began to be deaf, and towards the end of January, 1880, could not hear a shout close to her ear.

In April, 1880, I was called and prescribed *Bell.* 3*x*, which entirely relieved her headache in twenty-four hours, since which time she has been free from pain except at the menstrual nisus, when it resembles labor pains in character, and continues about two days quite severely.

In May, 1880, at the time of her menses, on waking in the morning her hearing returned, and she became blind the same day. This change was accomplished without any pain in the head, but on attempting to rise she felt giddy and fainted. During the entire summer she has been unable to see any object, and most of the time could not detect daylight. The pupils are widely dilated, and a nervous twitching of the recti muscles troubles her at times; in every other respect the eyes are normal. She can now (Nov. 1880) detect the windows in the room, and at times, define the outlines of a person; but her tongue is getting so thick and clumsy she can scarcely articulate a word, and lisps badly when attempting to speak.

Wanted from some of the experts, diagnosis, and probabilities of cure.—T. E. A.

Use of the Forceps in Labor. By R. S. Brigham, M. D. Read before the Indiana Institute of Homœopathy.

Instrumental interference is a question that comes frequently to all practitioners of the obstetric art, and it being a question of great practical importance, and so of interest to all physicians, is my reason for bringing the subject before this learned society. Careful observation must deeply impress every physician of experience with the wonderful and exquisite accommodation of means for the accomplishment of natural labor for the triumphs by means of the physical forces, are frequently such as to awaken astonishment, and an exalted estimate of the capabilities of the natural physical forces for the accomplishment of labor, must result from a large experience.

Yet nature is not always of herself efficient, and cases may exist with circumstances giving rise to emergencies in the progress of parturition, when, nature being incompetent, a judicious resort to instrumental aid becomes necessary in order to save the mother and offspring from harm or impending destruction, and it is in these cases that bold and skilful action is demanded of the obstetrician. Happily most of the inefficiences of nature in this trying hour to the mother, may be overcome by a resort to means entirely harmless to both mother and child, if the accoucheur knows his duty, and has the nerve and the judgment to act wisely on such occasions. The obstetric forceps is an instrument of power, and therefore by some obstetricians of high authority, considered dangerous, but the danger is only in the abuse of this power. All power is dangerous unless guided by intelligent experience. The forceps, in their early history, were by some eminent practitioners, regarded as little more than instruments of torture to both mother and child, but to-day, by the highest authorities, they are held in high esteem, and unless rudely, improperly, and inconsiderately used, never do any harm to either mother or child. And he that bruises the tissues of the mother, or lacerates the child, should charge himself with

improper, harsh, and a cruel use of this instrument. Power, guided by intelligent skill, is always useful, and skill should always direct the use of this instrument, and when thus used, harm never results. And we accord praise to the ingenuity that has so modified and improved the obstetric forceps that it can be used as well in the superior as in the inferior strait, thereby widening its sphere of usefulness, and so bringing many more mothers and children within range of its life-saving power. Dr. George Johnson, of Rotunda lying-in hospital, reports seven hundred and fifty cases of delivery by the long forceps without the slightest injury to the soft parts of the mother, or any laceration of the child. With the long forceps the bones of cranium of the child being soft may be slightly compressed, if necessary, without serious injury to the child. The timely use of the forceps in the second stage of labor may save the mother much suffering and exhaustion which will aid and hasten her convalescence. And many modern obstetricians recommend the proper and timely use of the forceps in labor as a means of lessening maternal and fetal mortality. But all should remember that timely does not mean haste. The average duration of labor is about twelve hours, and hence when the dilatation is good and the pains vigorous, and no hemorrhage to be feared, we are not justified in using the forceps before twelve hours of labor, and not then, unless there has been an impacted head for two or more hours accompanied with signs of exhaustion. Protracted labor to a reasonable degree will do less harm than the forceps used untimely and improperly.

The complications that may arise are many, and among the most important are the descent of head without the sack of waters where a premature rupture of the membranes, and an escape of the liquor amnii which permits the head to come in direct contact with the uterine cervical tissues, and always indicates protracted labor, malposition, convulsions, hemorrhage, slight deficiency of space in either strait deformities, placenta previa, etc. In any of these complications the forceps may be valuable help. A dilatable os that is only partially dilated, may at times be assisted by the judicious use of

the forceps. In the use of the forceps by ten of our leading authorities we find the per cent of deaths of mothers to be six, and of children twenty, and that in protracted labor from twelve to thirty hours; without other serious complications, less than two per cent of deaths of mothers, and less than three per cent of deaths of children. This clearly and authoritatively establishes the propriety of waiting in somewhat protracted cases of otherwise uncomplicated labor, and trusting to the natural powers of the mother. Obstetrical instruments in skilful and discriminating hands are a great blessing. Yet it is a question with some practitioners of high authority, whether the hasty and improper use of this instrument has not done more harm than the proper use good.

It is the urgent necessity of the case that justifies the use of obstetric instruments. And in practice it is much more difficult to decide as to the proper time when it is best to use instruments than not to use them; and in their use we must especially remember that these iron hands can not convey to us the sensations of our patient, and great care and caution must be exercised, when we use them, as we must know that one improper thrust, one too forcible attempt at introduction, one violent attempt at extraction, may bruise, may lacerate, may destroy either mother or child or both. Hence we should continually bear in mind that these metallic blades have no feelings, and therefore can not communicate any mischief we may be inflicting, and so always exercise due care and caution, ever realizing that every bruise or laceration caused by our use of the obstetric forceps, is the direct result of rudeness and lack of care and skill. Symptoms indicating the propriety of using the forceps will differ according to the judgment of the attending physician. While some regard time as a chief symptom indicating the propriety of using the forceps, and think that from twelve to twenty-four hours of hard labor after the membranes have broken, fully justify instrumental interference, but this can not be regarded as a universal rule, but is one of the important considerations in a case, for we well know that some women will endure twenty-four hours of labor with less exhaustion than others

six. Hence the condition of our patient is the important fact to take into consideration. An impacted head for four hours, accompanied with signs of exhaustion, will justify the use of the forceps, as long continued pressure would be likely to injure the soft parts.

Many eminent and successful practitioners of the obstetric art trust almost entirely to nature. Osborn probably went to the extreme, as he says wait until all the life forces are exhausted and all capacity for further exertion at an end, and the mind as depressed as the body. But Burns justly remarks that if such a state be allowed, the exertions of art will frequently prove as unavailable as have the struggles of nature in the case.

It is indeed a nice point, and requires experienced judgment to determine when it is best to use the forceps. Every case must be individualized, as no general rules can apply to all cases. But the previous history of the case in hand should always be considered. If she is in good health, well formed, she is very likely to be able to bring the child into the world without instrumental aid. If the woman has borne children before we should also expect that this one can be born. We must regard the progress of the labor and if the head advances, and the strength and the spirits are good, there is no need of interference. But if, on the contrary, no progress has been made for a number of hours, and the head has been impacted from two to four hours, and there are signs of exhaustion, we may be justified in using the forceps.

We need not fear exhaustion as long as the pulse is under one hundred, regular and not hurried breathing, and a good color in the face. But pulse over one hundred, with rapid breathing, hippocratic countenance, vomiting, shivering, delirium, demand the use of instruments, also if upon the application of the hand to the abdomen we find great tenderness, a gradual subsidence of the pains, strength failing, spirits sinking, countenance anxious, pulse one hundred and twenty, tongue coated, rigors, soreness of the vulva, with heat and swelling of the vagina, the woman should be delivered without delay.

a healthy, well formed woman, uterus contracting ally, spirits good, countenance natural and cheerful, nder one hundred, tongue clean, mouth moist, no toms of vomiting, no rigors nor unnatural heat nor tenness, no swelling of any of the parts, and the head retreats the absence and advances in the presence of pains, and the labor continues to advance from hour to hour, there is no need of instrumental aid, though the labor may have lasted twenty-four or more hours. Ramsbotham and others recommend the use of the forceps in placenta previa, also in malpositions of the head and uterine inertia, and deficient expelling power, nature's deficiencies may be reinforced by the forceps carefully and skilfully applied.

Meigs, Cazeux, Tarnier, Barnes, recommend the forceps in head-last cases that are troublesome. Tarnier says in regard to the time and conditions demanding the use of the forceps to aid delivery should be carefully and well considered. We should endeavor to avoid the fear of many of the old authors, and yet should not rashly rush into the opposite extreme. We are not justified in using the forceps in cases something like the following: A well formed, healthy woman in labor from three to five hours, the os fully dilated, pains vigorous and patient courageous, no hemorrhage, now the pains flag a little, and though we might by using the forceps at this time, display surgical skill, and impress the friends with our great importance and learning in obstetrical science, yet by so doing we should in all probability do needless harm, because in order to do any good at this early stage especially in case of a primipara, it would be necessary to use greater force than is allowable consistent with safety to both mother and child. In such cases I think it would be far better to let our patient rest, or give *Ergot* or some other uterine stimulant. There is great difference in regard to the frequent use of the forceps by the different authors upon this subject. Churchill, on page 336, speaks thus of the obstetric forceps and their use: "They are in violent hands a dangerous power. Instrumental force kills the child, bruises the soft parts of the mother, occasions mortifications,

breaks open the neck of the bladder, crushes the surrounding nerves, hence beware of this force when using these instruments." And on page 320: "Let it be carefully recollected that so long as the head advances ever so slowly, and the patient's pulse continues good, and the abdomen free from pain on pressure, and no obstructions to removal of the urine, interference by the instruments should not be attempted unless the child is dead." On page 317 the same author says that in no case must the forceps or other instruments be used until we are perfectly satisfied that the obstacles can not be overcome by the natural powers with safety to both mother and child. The same author, as to frequency of application of the forceps, says, on pages 312–313, that he used them three times in 1640 cases. Dr. J. Clarke used the forceps fourteen times in 10,387 cases. Madame Boivin used the forceps ninety-six times in 20,517 cases. Madame Lachapelle used them one hundred and seventy-four times in 22,242 cases.

Hartshorn, page 986, says: "Forceps are not to be applied until it is apparent that the obstacles can not be overcome by the unaided powers of the mother without compromising the safety of either mother or child, also that an impacted head for from three to five hours, with hard labor, demands the forceps."

These instruments are to be used as aids in cases of deficiency of the natural powers, and to hasten delivery in cases of dangerous complications. I wish to emphasize the fact that it is aid for which the forceps should be used, and therefore when in our judgment it is thought best to use this instrument we are to use it as an aid to nature's deficient power, which means to pull with the pains, and rest or wait during the intervals. We must exercise judgment as to amount of tractive force to employ, because we are not expected to pull the child by main strength into the world, but to aid the mother in getting it into the world.

Prof. Reamy, of the Ohio Medical College, recommends to never use more than fifteen pounds of power in pulling upon the forceps. Prof. G. S. Walker, of St. Louis, says that

twenty pounds is the limit of power to be used in traction upon the forceps, and I know of no authority that justifies more than twenty-five pounds as tractive force in the use of this instrument.

Anatomy, "with Variations."

Mr. W——, Oberlin, O., presents the following congenital anomaly, viz: The second phalanx of the left little finger is anchylosed at right angles with the first; the joint otherwise appears normal. The right little finger is slightly flexed at the same joint. His mother had the same deformity on the right hand. His grandmother, on mother's side, had the same defect of left little finger. His sister's child, which would be the next generation to him, has it in her right little finger. You will observe that this malformation alternates the sides of the body with consecutive generations. The persons named are the only ones of their respective families possessing it. The families, numerically, and in relation to the fortunate ones, stand as follows, viz: Mr. W—— is the fifth of nine children. His mother is the eighth of sixteen children. His niece is the second of three children. Grandmother not stated.

Now, Mr. Editor, here is indubitable proof of an obstinate purpose in nature, to keep up a typical variation in evolution. Might not Darwin construct a law out of this array of facts? Somewhere Darwin is accredited with observing that the human fœtus from conception to end of gestation, quite faithfully represents all types of animal life. His imagination must have come to his assistance, for it is not true; but as he generalizes slyly upon small data, it would afford amusement to hand him the foregoing; and as you are a faith-

ful commentator of Darwin I submit them to you. In saying the fœtal existence does not represent low forms of animal life, I do so feeling that it is corroborated by the observations of most physicians. Darwin has said that in the early periods of conception there is a caudal appendage—a prolongation of the spinal column, as in the tail of the dog. I chanced to see, last week, a fœtus of about four to six weeks' growth. There was apparently a prolongation of the vertebrae, so far below the illii that a vivid imagination would call it a tail; but it was only apparent, for the illii were very small as compared with the spine, and seemed to be set high with reference to it. The spine being a sort of a base of ossification for the balance of the bony frame, would, at an early period, have undue prominence.

You must excuse me, Mr. Editor, for digressing from my purpose of narrating a few prenatal accidents, but in doing so Darwin's observations come to mind, and, knowing you have an inquiring turn of mind and large admiration for Darwin, I was led to commit the blunder of writing the above. I will add one more case of prenatal, anatomical variation.

Mrs. B——, of Indiana, whose family physician I was, for several years, had a beautiful daughter, aet. fifteen, who presented, in place of a right hand, at birth, a well formed stump with the amputation at the middle of the metacarpal bones. The mother accounted for it by saying that her own right wrist was anchylosed from rheumatic inflammation during pregnancy and for years before—all the time attended with great pain. Such occurrences are so numerous as not to be novel, although very interesting. Minute anatomical variations are inherited. They must be very minute or there would not be family resemblances. This seems to be true of minute abnormal structure as well as normal. I know of father and son who have brittle thumb nails of corresponding hands while the balance of the nails are of normal hardness. I also know of father and son who have a minute tubercle upon the margin of corresponding ears, and the son has one or more children who have the same "earmark." If such

things be, may not there be like minute variations in the anatomy of the lung, or brain tissue, by inheritance, that shall defy therapeutic efforts when disease comes? May not the thief or the drunkard transmit an anatomy that shall eventuate in thieves and drunkards? May not penal laws be unjust? "Any fool can ask questions." Will the Edi'or fa- for us with an answer?—E. H. P., Cleveland, O,

EDITORIAL NOTE.—Our esteemed friend is not a close student of Mr. Darwin's writings, nor does he understand the philosophy of evolution. Possibly the observations of Mr. Darwin, which are unequaled in variety and extent by any scientist, past or present, may all be overthrown by the single observation of the writer. If so, we may well exclaim,

"On what a slender thread hang everlasting things!"

If our friend would carefully read what little Mr. Darwin has written, and add to that a careful study of Herbert Spencer's philosophy, he would not have been led "to commit the blunder of writing the above." This is an honest confession on his part, but he will not repeat it if he will cease getting his arguments from the pulpit, and go to the original sources of wisdom. His observations in the cases reported are interesting and valuable, and they only confirm the doctrine of evolution, which the writer affects to despise.

A Homœopathic (?) College.

EDITOR ADVANCE:—I received only yesterday, the following from a student now attending lectures in one of our most popular medical colleges. It speaks for itself and it should carry sadness to the heart of every true homœopath. If there should be any confusion among our medical institutions in getting the coat upon the right back, the more's the pity. The student writes as follows:

"It is strange to me that this college should be called homœopathic. We have a few professors who, I think, are

true homœpaths, but the majority are not, and I am safe in saying that fully two-thirds of the students are not homœopaths, but nearer eclectics than any other, unless it should be allopaths. We have many students who attended their first course in eclectic or allopathic institutions, and whenever a hint is thrown out favoring rationalism, empiricism, eclecticism, or some other ism, it is greeted with a round of applause, while they almost hoot at anything pertaining to pure Homœ opathy. Now are not these deplorable facts? When homœopathic (?) professors write upon the board prescriptions to be copied by their students, such prescriptions containing from three to a half dozen, or even more, different drugs, is not Homœopathy put to the blush? We are taught to treat patients in a way which is in accordance with experience and reason. That is all right provided our reason and experience are in the right direction; but alas, we hang our heads in shame." So you see, Mr. Editor, all is not gold that glitters. Yours, MEDICUS.

Diphtheria and Bacteria. By Rollin R. Gregg, M. D., Buffalo New York.

There is such a diversity of opinion in the profession, upon the essential nature of diphtheria, and its best method of treatment, that a few simple, but important facts require to be considered, in order that we may all come to a clearer and better understanding, upon both the pathology and treatment of the disease.

In the first place, then, and in view of what is to follow, the fact should be borne distinctly in mind that the characteristic exudations of diphtheria, that is to say, all the membranes, or membranous formations of the disease, wherever they may organize, are wholly, or principally, fibrin. Of this fact there is no question. Oertel, Virchow, and all other prominent writers upon the subject, assert such to be the case; and we shall see as we

proceed, that this fibrinous character of said membranes, gives us the key to one of the greatest mysteries of the disease. But before proceeding further with that part of our subject, we must consider in short, some of the leading characteristics of fibrin, as follows:

First. Fibrin in the proportion of two and two-tenth parts, in one thousand parts of blood, is one of the *natural* constituents of healthy blood.

Second. There never was a drop of healthy blood drawn, and left to itself a few minutes, that it did not coagulate and form a clot of the whole mass; and this clot is *solely* due to the one part of fibrin in about five hundred parts of blood, fibrillating or organizing into minute threads or fibrils, which extend to all parts of the clot, in an interlacing network that binds and holds the whole, not only of blood corpuscles, but even the water of the serum, together, for a time in quite a firm mass.

Third. There is one way, and one way only, in which fibrine ever fibrillates to form a clot of blood, or organizes into a false membrane, (the latter being considered further on), and that is, that particles of it first coagulate into very minute granules, and then these granules join themselves together and form exceedingly fine threads, which in turn, interlace to form the clot, or a membrane, as the case may be.

With these few facts bearing upon the nature and action of healthy fibrin, before us, we can now go on and give our attention to a few equally simple and equally important facts in connection with diphtheria.

First, then, under this head, is the fact, that fibrin is always in excess in the blood, in diphtheria, as it is in every other inflammatory disease —and generally in greater excess in diphtheria than in most other diseases characterized by the same degree of inflammation.

Second. When fibrin is in excess in the blood, it is *always* a source of more or less danger, as we all know to be the case in pleuritis, peritonitis, etc., and its excess is equally if not more dangerous in diphtheria than in most other diseases.

Third. One of the principal reasons why its success is so dangerous in diphtheria, is that its natural tendency to coagulate is so great, that when there is an accumulation in the circulation of three to four, or certainly of not more than four to five parts to one thousand parts of blood, there is imminent danger of its coagulating into large clots (thrombi) in the heart, that instantly take life, or into small clots, that are washed along by the current of blood until arrested by some smaller artery, when embolism is the result, and death by inflammation and a slower process almost as certainly follows. It is indeed, in one of these two ways that quite a goodly number of diphtheritic patients perish.

Fourth. When fibrin coagulates into heart clots or coagula of it of whatever size form in the circulation, it does so in only one way, and that the same as in the clotting of blood outside of the body, namely, by or-

ganizing first into minute granules, and these granules joining together into threads, interlacing through the mass, and making it more or less compact and firm in accordance with the degree of perfection of such fibrillation.

Fifth. Nature is conservative and preservative of life under all circumstances where she possibly can be. Hence, as fibrin is always in excess in the blood in diphtheria, and as all heart clots and all false membranes of the disease are of fibrin, and the former, or heart clots, are so extremely dangerous, there can be no question that the exudation and formation of all the membranes of the disease are the result of nature, or the preservative forces of life, stepping in and expelling the excess of fibrin from the blood to prevent its accumulation in the circulation to such an extent as to form coagula there that are so fatal.

Sixth. When the excess of fibrin is extravasated, or poured out of the blood vessels upon the surface of the tonsils, or other parts, it rapidly organizes into the diphtheritic membrane; and in doing so, it here again exactly repeats the method of its clotting in healthy blood, or fibrillating into coagula in the circulation, namely, first into granules, and these into threads, and the latter into membranes.

Of course, it will be understood that, in the coagulation of healthy blood, the resulting mass will take the form of the receptacle that holds it, and also that the clots that form in the circulation are more or less in masses; whereas, when the fibrin is exuded in successive layers upon any surface, as is generally the case in diphtheria, it organizes into a membrane which will be of greater or less extent, and thicker or thinner, according to the quantity and extent of the exudation.

Seventh. Were the excess of fibrin not expelled from the circulation, *every* case of diphtheria would prove fatal in a few days from the formation of large coagula in the heart that would suddenly take life, or small ones that would lead to incurable inflammations, and cause death in that way. In pleuritis and peritonitis the excess of fibrin is generally poured out upon the surface of the pleura and peritoneum, to organize into false membranes there, and to avoid worse results in those diseases also, as in diphtheria. Therefore, let the membranes of diphtheria, although they are in themselves often so serious, be henceforth looked upon in their true light as the work of the conservative efforts of nature, to avoid thrombosis and embolism and a much more certainly fatal issue. And what is of equal importance, let the treatment of this disease hereafter be more in accordance with these incontrovertible facts than it has been in the past, if we would avoid death instead of hasten it.

We can now enter upon a more intelligent discussion of that great mystery thrown around diphtheria by the assumed existence of the so-called bacteria, in connection therewith, than could be had without the foregoing facts before us. But we must first understand the characteristic

and varying forms of these assumed bacteria. Oertel classifies them as follows:

(1). "Sphærobacteria (spherical bacteria) *i. e.*, micrococcus."

(2). "Microbacteria (rodlike bacteria) bacterium termo; less frequently, and only in the mouth and fauces, bacterium lineola."

(3). "Spirobacteria (corkscrew-shaped bacteria), spirillum tenue, spirillum undula."

It should be understood, however, that there is not the slightest proof to show that these bodies are vegetable parasites or organisms, as assumed. The *forms* are there, it is true, and to be seen under the microscope, but every fact recorded of them, and taken in connection with what precedes, shows that they are simply and only the organizing stages of fibrin; or that the first of these three forms, namely, the spherical bacteria, or micrococci, are the molecular granules into which fibrin always first organizes in the healthy clot of blood, in the heart clot, and in the membrane of diphtheria, as already discribed:

That the second form, or rod-like bacteria, are these same molecular granules, or others, just like them, united together into threads or rod-like prolongations:

And that the third form, or spiral bacteria, are the same, or similar threads of fibrin, which have contracted into more or less of the spiral shape under their firmer organization; and especially so if their ends have been left free from attachments that would hold them straight.

Therefore, there never was a drop of healthy blood coagulated that it did not develop these three forms of so-called bacteria, just the same as any case of diphtheria—the first two while the coagulum was forming, and for a short time after it was formed, and the last as soon as the clot commenced shriveling by the contraction and curling up of the fibrils.

Such, then, is all there is of the great mystery of bacteria, which has exercised the profession so greatly for the past fifteen years, and which has led to treatment as false and fatal as the theory.

The limits of a journal article like this, will not allow of one-twentieth the proof being given that there is to sustain the views here presented, but two or three points are offered to show that the facts must be as claimed.

That there is no evidence of the minute forms developed in the blood and membranes of diphtheria, being vegetable parasites, as claimed, is shown by the following language of Oertel, Vol. I, page 587, Ziemssen:

"The vegetable organisms which have been observed in the diphtheritic membranes of the fauces and air passages, as well as in other products of the disease, belong to a group which comprises forms of such exceeding minuteness—for they stand upon the very borders of the visible—that, as yet, we possess only the most unsatisfactory knowledge of their nature and organization."

Now, after such a confession of "only the most unsatisfactory knowledge" upon the subject, let us apply to its solution the following facts, given by

Lehmann and Wood, upon the action of fibrin under different circumstances, and see how plain and simple they render this whole question.

Lehmann, speaking of the coagulation of fibrin, Physiological Chemistry Vol. I, page 311, says:

"If we trace this transition of the fibrin from the dissolved fluid condition into the solid state under the microscope, a careful observation shows us that the fresh *liquor sanguinis* exhibits nothing morphological beyond some few colorless blood corpuscles; when it begins to gelatinize, separate points or molecular granules appear at various spots, from which arise extremely fine straight threads, in radiating lines, although they do not form star-like masses, as in crystallization; these threads becoming elongated cross those springing from other solid points, until the whole field of view appears, as it were, covered with a delicate but somewhat irregular cobweb."

This furnishes the proof of the manner of coagulation of healthy fibrin, forming first minute granules and then threads, while all must know that the clots could not shrivel, as they always do, unless these threads contracted into more or less of the spiral form.

So much for the ordinary action of fibrin in forming a clot of blood; now let us consider a little of the proof of its demeanor in organizing false membranes: Wood, Vol. I, page 28, says:

"*Coagulable Lymph* is a name applied by English writers to a substance exuded from the vessels of an inflamed part, which, though it escapes in the liquid form, coagulates after exudation, and is capable of becoming organized, and thus forming a new living structure. This plastic substance appears, from chemical analysis, as well as from its physiological properties, to be closely analagous to, if it not be identical with the fibrin of the blood. It appears to be sometimes extravasated with little, if any, of the other constituents of the blood, but in general is mixed with serous fluid, and is probably thrown out of the blood vessels in the form of liquor sanguinis, or fluid portion of the blood, deprived of the red corpuscles, and possibly somewhat altered in the process of exudation. Of this fluid, the fibrinous part concretes, while the albuminous portion, remaining combined with water and saline matters in the form of serum, fills and distends the cavities and interstitial spaces into which it may have been effused, or escapes in the form of flux from exposed surfaces, or those having a natural outlet.

"All that is absolutely essential to the organization of the exuded fibrin is that it should be in contact with living tissue. As it first escapes it is a homogeneous, formless, transparent fluid; but very soon afterwards, if examined by the microscope, it is found to contain *multitudes of fibrils, great numbers of minute granules of differents sizes*, and another set of minute bodies, which are often covered by a cellular envelope, and constitute what are called *exudation corpuscles.*"

The italics, excepting the first two and the last two words, are our own; and it might be explained in passing that the "exudation corpuscles" spoken of are simply decolorized blood corpuscles.

Herein, then, we have the proof of the organization of plastic lymph, or fibrin, into false membranes on *any* living surface upon which it is extravasated; which must include the membranes of diphtheria, they being

always of fibrin. And in it we also have evidence of the fact claimed that the "homogeneous, formless, transparent fluid" that is first exuded, is "very soon afterwards, if examined by the microscope, found to contain multitudes of fibrils," and "great numbers of minute granules of different sizes," which are the forming stages of the fibrin into the membrane. Then, if the fact is duly considered that it is impossible to point out the slightest physical or other distinction between the micrococci of diphtheria and the molecular granules of fibrin in its false membranes, or between the so-called rod-like bacteria and the fibrils of said membranes, it would seem that our case is made out without further argument. If the fibrin is there, in forms precisely like the three forms of bacteria, as proven, all controversy upon the subject must be at an end.

Certainly no intelligent physician will, or can, reasonably claim that there are two sets of forms, exactly alike in size and appearance, in each stage of their developement, alike as a whole, and alike in their consequences upon life; the one being vegetable and the other animal, and both present in almost infinite numbers in the exudations in every case of diphtheria. That would be absurd.

To my mind nothing in all the doings of men is more astonishing than that these facts have not been applied before. Probably there is not a prominent writer in all the numbers who have written upon diphtheria, who was not as familiar, and many of them more so, than the author, with the various facts given, as they stood isolated in medical literature; but the trouble has been the want of an *application* of them. And nothing shows more forcibly the terrible power of error over us all, when we get started wrong.

In conclusion, the cause of fibrin being brought into excess in the blood to produce the result shown, and the question of treatment, which is, after all, the more practical part of the subject, are far too complex for discussion here, and the best I can do now is to refer the reader to my late published work upon the subject. Of one thing, however, all may rest assured, that if we are to have any better results from treatment in the future, than in the past, the whole of it must be changed and made to conform to the true nature of the disease as it is, and not to any false conceptions, we have had of it. But of all things let it hereafter be remembered that if the excess of fibrin were not expelled from the blood vessels upon some surface, to be carried off in a fluid form, or to organize into a membrane, every case of diphtheria would be rendered fatal by said excess coagulating in the heart, or arteries; and that in either case, the successful treatment must be that which will speedily reduce the excess of fibrin, and restore it to its normal proportions in the blood.

Book Notices.

An Index of Comparative Therapeutics, with Tables of Differential Diagnosis; a pronouncing list in the genitive case; a list of Medicines used in Homœopathic practice; Memoranda concerning Clinical Thermometry; Incompatibility of Medicines; Ethics; Obstetrics; Poisons; Anæsthetics; Fees; Asphyxia; Urinary Examinations; Homœopathic Pharmacology and Nomenclature, etc., etc. By Samuel O. L. Potter, M. D., President, etc. Duncan Brothers, Chicago.

The publishers have here given us a well printed work showing what they can do in that line when they try. This is a partial compensation for the contents of which we have something to say. "Comparative Therapeutics" is a large term, and includes vastly more than is to be found in this book. It should never have been applied to so imperfect and fragmentary a production as this. True, it professes to be only an "index," but it does not fill the bill. Says the author: "The object aimed at in this book is to present the therapeutics of the two great medical schools in the manner best adapted, to comparative study and quick reference. In parallel columns are placed the remedies recommended by the most eminent and liberal teachers in the regular and homœopathic branches of the profession." And he goes on to say: "The nature of the plan prohibited the use of references to authors who deny disease-entity or omit pathological and physiological indications for drug usage." This is quite enough to show how narrow the plan of the author is. His use of the word "regular," as applied to the allopathic school, is offensive, and is an insult to every medical person who does not belong to that school. The antithesis of it is "quack," or "irregular," which those who prate of being regular do not hesitate to apply to all who differ with them in therapeutics. For a professed homœopath to use such a word is but a cringing of the supple knee that thrift may follow fawning." And this exactly expresses the character of Dr. Potter's book. From the allopathic side he selects from Bartholow, Ringer, and Phillips, and from the homœopathic side he selects from Hale, Ruddock, and Hughes. For his purpose they are doubtless representative men. Both parties are but partial and imperfect representatives of the schools to which they belong. It is difficult to see how the author stumbles upon Ruddock. Our English cousins will smile at the thought of his representing anything of importance. His name, to be sure, is attached to a voluminous and pretentious book,

but no sane man ever dreamed that he wrote it, or that he had practical knowledge of what he taught. So we suppose that when Mark Twain quotes the Declaration of Independence, or the Ten Commandments, he will be credited by Dr. Potter with their authorship. Hahnemann and Hering are honored with a place in the list of authors referred to, but one would think they had contributed very little to homœopathic therapeutics. Dunham is not mentioned in the list, but a stray (D) now and then found in the body of the work, reminds us that he may have been consulted. Our recollection is that he did something in his day in the homœpathic line. The trouble probably with Hahnemann, Hering, Dunham, and also Raue who is not mentioned at all, is that they did not take much stock in "disease-entity," whatever that may mean. Bartholow, Ringer and Phillips, who contribute the greater part of the allopathic side, are good representatives of their class. The class we speak of is composed of men who live by literary and professional thieving. These men have stolen all the valuable material they ever possessed. They would to-day be standing alongside of Watson, Flint, Roberts, and Ziemssen, were it not for their prigging from homœopathic literature. Notwithstanding all this Dr. Potter credits them with this stolen property as so much original matter. There is an old saying that the partaker is as bad as the thief. Dr. Potter defines Allopathy thus: "The common rendering of Allæopathia, a term invented by Hahnemann, and applied by him and his followers to designate the ordinary method of medical practice as opposed to Homœopathy. The 'regular' medical profession is now vulgarly known by this title which is, however, repudiated by the members thereof, who consider it a contemptuous epithet." On another page Dr. Potter attempts to define Homœopathy, which, if compared with the foregoing, will not be found flattering to the latter. Dr. Potter is no friend of Homœopathy. His homœopathic publisher will find it hard work to place his writings upon the intelligent homœopathic school. If Dr. Potter knows what Homœopathy is he does not show it anywhere in this book. Why, let us ask, did he drag in the "Milwaukee Test?" Is that a part of "comparative therapeutics?" Why did he insert "The Allen Fiasco," and personally attack Dr. T. F. Allen? Is that also "comparative therapeutics," or is it a piece of spite work? it is not to be wondered at that his article on "High Potencies" is largely made up of false statements, but he knows his "regular" friends will readily accept all he has said. What specially surprises us is that a firm professing to make and sell homœopathic books and medicines should put forth a book like this. If a man believing all there is in this work, will still attempt to practice Hom-

opathy, he is a bigger fool than we take him to be. Allopaths and Eclectics will buy Potter's work—they might do worse. A homœopath can have no use for the therapeutics it contains. We say it kindly and regretfully, it is a work unworthy the writer who has abilities of a high order, and its issuance is a mistake on the part of the publishers.—M. C. D.

Teething and Croup. By W. V. Drury, M. D., etc. Enriched with notes and additions by T. C. Duncan, M. D. Duncan Brothers Chicago.

This is not a formidable book as to size. The joint authorship, English with American, results in a 16mo of 58 pages. It does not exhaust the subject, will not exhaust your pocket if you buy it nor exhaust your time if you read it. It is *multum in parvo* and the only trouble is you may lose it and not be able to find it. Duncan says in convulsions of children "*Chloroform* or *Chloral* are often resorted to," leaving it to be inferred that he recommends such agents. This is not in keeping with the rest of the book and surely such a little thing should possess at least the virtue of consistency. In all else the work is sound to the core. We recommend it to our readers.

A Practical Treatise on Nasal Catarrh. By Beverly Robinson, A. M., M. D. Pp 182. Wm. Wood and Co., New York.

From the writer's standpoint he has written for the profession a thoroughly practical work. For an allopathic treatise out and out, it is certainly admirable. It is well illustrated and written with evident enthusiasm. We commend the writer's earnest condemnation of the nasal douche and nasal syringe. But in all else he clings to the hervic method, which, however, he claims to have beneficially modified. Catarrh is such a wide spread and often serious disease that no doubt the writer will find a large number of interested readers. His methods will hardly be followed by those who know the power of milder remedies to cure. But if all our bookmakers were as earnest and original as Dr. Robinson, there would be much greater pleasure in reading what they write.

Repertory to the More Characteristic Symptoms of the Materia Medica. Arranged by Constantine Lippe, A. M., M. D.

This compact, well printed volume of three hundred and twenty-two pages will prove an invaluable addition to our literature. For

ready reference in searching for particular symptoms, the busy doctor will find nothing so handy as this. The compiler has chosen only characteristic symptoms, which of course shuts out a large part of the symptomology of our drugs—that part which has not yet been verified. The amount of matter the publishers have crowded into these pages is in pleasing contrast with the broad margins and wide streaks of white paper we are sometimes obliged to buy. This is *multum in parvo*, every nook and corner well filled. This book should find a wide sale. We commend it heartily.

Cyclopedia of the Practice of Medicine. Vol. VII. Diseases of the Chylopœtic System, together with chapters on Diseases of the Naso-pharyngeal cavity and pharynx, Laryngitis phlegmonosa, Perichondritis laryngea, Ulceration and Tumors and Neuroses of the Larynx. Wm. Wood and Co., New York.

This splendid volume of over one thousand pages will prove to be one of the most important, because one of the most useful of the grand series issued by the publishers. Besides what is definitely stated in the title we have diseases of the stomach occupying for their discussion over 300 pages. This work is done by Prof. Leube. This is followed by about one hundred pages by Leichtenstern, who writes upon Constrictions, Occlusions and Displacements of the Intestines. Heller treats of Intestinal Parasites, and Von Ziemssen and Steffen respectively of diseases of the Larynx and Spasm of the Glottis. It is needless to add words of commendation to this masterly work now fortunately brought to a close by the publication of the final volume. For the next quarter of a century these volumes will hold a foremost place in medical literature, and they will permanently enrich every library in which they may fortunately be found.

Photographic Illustrations of Cutaneous Syphilis. By Geo. Henry Fox, A. M., M. D. E. B. Treat, Publisher, 757 Broadway, New York.

We are in receipt of Nos. 4, 5 and 6. The illustrations are beautiful and we can not fail to see a rapid improvement in the finish and quality of the work. Fourteen different forms of the disease are represented in the present numbers. We do not believe these representations of this form of skin diseases have been equalled, and we are sure they can not be excelled. The whole is published in twelve numbers, each $2.00. This is by no means an expensive work so far as the purchaser is concerned. We may add that the text connected with the plates is very full and complete.

Cyclopedia of the Practice of Medicine. Vol. VIII. Diseases of the Chylopœtic System with chapters relating to Diseases of the Bladder and Urethra, and Functional afflictions of the Male Genital Organs. Wm. Wood and Co., New York.

We have here a second installment upon disease of the alimentary tract and neighboring organs, in all over two thousand pages upon this class of diseases taking this and the preceeding volume together. As showing the value and extent of the subjects treated, we notice diseases of the Œsophagus by Zenker and Von Ziemssen; diseases of the Peritoneum by Bauer; diseases of the Spleen by Mosler; diseases of the Pancreas by Friedreich; diseases of the Suprarenal Capsules by Merkel; diseases of the Bladder by Lebert; diseases of the Urethra by Lebert; and diseases of the Male Genital Organs by Curschmann. A few illustrations of value are to be found in this volume, but the text is generally so full and clear that it needs little else than a careful reading. As many of the diseases treated are quite out of the usual path of the physician, and not included in ordinary text books, their treatment here will greatly enhance the value of the book. The chapters on "Venereal and other diseases of the Male Genital Organs" are especially good. Zeimssen's Cyclopedia is now complete, and can be obtained in full set from the publishers or at the book-stores.

Electricity. Its nature and Forms, with a study on Electro-Physiology. By C. W. Boyce, M. D. Pp 85. W. A. Chatterton, Publisher, Chicago.

We have here an essay written evidently for a miscellaneous society, and subsequently expanded into a book. There is no apparent *raison d'etre* for its publication. It is the work of a novice and full of crudities; yet it is possible that one wholly ignorant of the subject might find in it something to learn, but the chances are he would be misled upon some points. The writer says he is pestered by people loaning his manuscript and so he prints. Well now his friends should cease borrowing and go at buying. Price 50 cents.

Is Consumption Contagious, and Can it be Transmitted by Means of Food? By Herbert C. Clapp, A. M., M. D., etc., etc.. Pp 178. Otis Clapp & Son, Boston.

We are indebted to the writer of this book for a valuable collection of opinions of numerous eminent writers upon this important ques-

tion. We can not say that anything new has been elicited. It is a question that has been a long time under judgment, and still is *sub judice.* Dr. Clapp offers valuable testimony, but it is almost wholly *ex parte.* It is not a purely judicial investigation which the author offers us, or the author would have put his testimony into the inflexible scales in which both Justice and Truth weigh all testimony. With the exception of the statement of Dr. Richard Payne Cotton, senior physician to the Hospital for Consumptives at Brompton, we have little else than strong affirmative testimony. Possibly Dr. Clapp has proven his point. His array of opinions and facts are formidable. A careful search, however, fails to reveal anywhere any original observations on his part. Why this haste to make a book? Could he not have gone over this whole ground experimentally, and a few years later have given us something of greater value? The question is important, but after reading all Dr. Clapp presents we are still in doubt. If the question can not be settled, it need not be asked, and if it can be, why is not Dr. Clapp the man to settle it by exhaustive experimentation? The book as it is will repay careful reading, but we do not heartily commend a compilation of this sort.

How to use Forceps. With an Introductory Account of the Female Pelvis and the Mechanism of Delivery. By Henry G. Landis, A. M., M. D., Prof. etc, etc. Illustrated. Pp, 168. E. B. Treat, Publisher, New York.

This work is divided into Part I, The Mechanism of Labor, and Part II, The Forceps. Of part first we have little to say except to heartily commend it in all respects. Of part second we have this to say: the author is certainly insane; at least he does not act like other doctors. Here is an obstetrician writing a book upon forceps and has none of his own make to recommend. This is *unheard* of. He actually commends instruments made by another man. Our world is certainly coming to an end. Our readers will find much in this little book to admire. It has some novel points and good ones too. Price, $1.50.

Popular Science Monthly. D. Appleton & Co., New York. $5.00 a year. This splendid monthly is looked for by us with great eagerness each month, and we are never disappointed in its coming or in the quality of good things it sets before us. Each number is a permanent and valuable addition to especially a physician's library.

Editor's Table.

DR. HARRIET FRENCH has moved to 712 N. 8th, Philadelphia, Pa.

AT the solicitation of friends Dr. S. C. Delap, moved to Trinidad, Col.

A CASE of hydrophobia developing five years after exposure is reported in Lancet.

SMALLPOX is prevailing largely in the Western States. Chicago had an epidemic of it.

COLLEGE HILL, O., six miles from Cincinnati, is a good field, to be vacated soon, for an experienced homœopathic physician.

MEMPHIS claims to have the best system of sewers of any city in the country. We expect to see a reduction of its mortality.

PROF. COHN has observed that the electric light is beneficial to the eyes and that color-blindness is partly overcome by the use of this light.

A MAN advertises for a competent person to undertake the sale of a new medicine, and adds that "it will be highly lucrative to the undertaker."

SEVENTEEN deaths from pneumonia in Cincinnati for the weeks ending Jan. 8, and Feb. 12, 1881, which is at the rate of 3.5 per 1,000 per annum.

THE Massachusetts Homœopathic Hospital has fallen heir to $5,000, under the will of the late Daniel P. Stone. The sum is to be used in the maintenance of free beds.

DOG JOHN, of Cincinnati, kills canines and secures the oleaginous tissues. Dog fat, with some of our denizens, enjoys a higher reputation than cod liver oil for consumption.

EIGHTY-FIVE students in the Homœpathic Department of Michigan University. This is the largest class the Department has yet had. "Nothing succeeds like success."

Dr. A. K. TRAIN, of Spencer, Clay County, Iowa, writes: "I can place two or three energetic, well posted homœopathic physicians in good fields in this section." Write to him, enclosing a stamp.

J. C. WOOD, M. D., late assistant to the chair of Principles and Practice of Medicine, homœopathic department University of Michigan, has settled in Saginaw City. The doctor is well qualified, and must succeed.

A RARE opportunity for an enterprising physician to locate. Small village. Fine residence and office. Society excellent. To the right person this is a splendid opening. Address, Drs. WHITE & KIRKENDALL, Ithaca, N. Y.

THE Homœopathic Mutual Life Insurance Company of New York issue a balance sheet for 1880 which makes a splendid showing for the com-

pany. The management is first-class, and deserves the success it is winning. "Insures homœopathists at reduced rates."

OUR READERS should give special notice to the article, "Hering Memor,al." Be both just and generous, and send to the committee a liberal sum For our part, we are glad to contribute, though all we may give is a small return for what we owe to the memory of Hering.

THE "regular" school merits its title for the following more than any other: Any speculative suggestion made, is regularly endorsed and taken up by all the followers long after its worthlessness has been established, *ss. Cudurango* and *Chian turpentine* for cancers.

DR. G. C. MCDERMOTT reports the following symptoms in a lady patient of his which were removed by *Solanum ægrotans tuberosum.* Menses every three weeks, discharge foul and profuse for fifteen years, inveterate constipation, dysmenorrhœa and weakened condition.

DR. H. W. BOOTH, Petoskey, Mich., has a practice with a few office fixtures which he wishes to dispose of. Population 2,000, and increase during summer to 4,000 to 6,000; a summer resort. Homœopathy favorably known. Ill health cause for wishing to change.

To antidote *Arsenic* poisoning, *Iron Chloride* one ounce, *Sodium bicarbonate* one ounce, tepid water four ounces, has been recommended; also, *Magnesium hydrate,* prepared by precipitating it from one ounce of *Magnesium sulphate,* dissolved—warm and precipitate by adding *Ammonia* to saturation.

THE mortality of Chicago is so great from scarlatina, diphtheria, measles, etc., at present, that her authorities refuse to furnish reports to the National Board of Health Bulletin. Her commercial prosperity might be checked should the reports be generally known, which reflect severely on her sanitary condition.

MR. JAMES SMOKE, a patient, who after a lingering illness, due to injury of the spinal cord, died in the Homœpathic Hospital of the University of Michigan, considerately left a sum of money—all his scanty means would allow—to be used by the hospital for the benefit of indigent patients. It was a noble act worthy of emulation.

THE Homœpathic Physician, (not journal, as stated in our last issue) Vol. I. No. 1. is on our table smiling as innocently as a new born babe, seemingly unmindful that it is likely to raise a tempest by its coming. It is well printed, and we have no doubt the contributors and the editor can make it a strong and successful journal. We give it welcome. Price $2.00 per year.

EDITOR ADVANCE:—A good homœopathic physician wanted at this place, as the only homœopathic physician here intends leaving on account of his wife's health. For a small consideration he will sell his good will and introduce his successor; he has a practice of between 2,000 and 3,000

per year. A physician who speaks German preferred.—A. J. KREHBIEL, M. D., Pomeroy, O.

SOUND AND SENSIBLE.—The gentleman who sent us that report of *Belladonna* in delirium tremens, and upon which we animadverted in the December number of the ADVANCE, writes us: "I think your remarks about my article were quite correct, and so I send you another report." The gentleman is young, and if he continues to show his good sense, he will yet be all his ambition desires.

POSSIBLY physicists may be able in the future to control the motion of an atom or molecule and see it. We know it is possible to remove a large amount of energy, as. the solidification of hydrogen. The efforts to prove the invisibility of the atom, call to our mind the demonstration of the impossibility of crossing the Atlantic Ocean by steam power, (on paper), which paper was first brought to this country in a steam craft.

THE Homœopathic News, (St. Louis), says: "ADVANCE, December, opens with an article on the Repetition of the Dose, by Ad. Lippe, counseling against it." By the same token the December Homœopathic News opens with about four pages of advertisements. Brother Goodman sits down rather hard on our editorials when, after we have given him two pages of such solid material he refuses to allow that we have fairly opened the number in question. Do editorials go for nothing in St. Louis? How is it with the News? Does he class our editorial lucubrations among the advertising matter? This is a serious question, and its solution may affect our future destiny.

THE HEALTH OF CITIES.—Statistics compiled by the National Board of Health show that for the year ending October 31, 1880, the more important cities of the world rank as follows in comparative healthfulness. The death rate shows the number of deaths to each 1,000 persons during the year:

City.	Populat'n.	Death rate.	City.	Populat'n.	Death rate.
Cincinnati	280,000	18.7	Glascow	589,598	21.9
Chicago	503,298	17.9	New York	1,203,223	23.4
Philadelphia	850,000	18.3	Paris	1,988,806	24
St. Louis	333,577	18.8	Brooklyn	556,889	25.8
Boston	375,000	20	New Orleans	216,359	27.7
Baltimore	393,796	20.9	Lyons	342,815	27.7
London	3,254,260	21	Berlin	1,096,644	29.3
Leeds	318,921	21 8	Dublin	314,666	32.9

THE Therapeutic Gazette, (Detroit, Old School), says: "The Homœopathic Times published in New York, and edited by Drs. Egbert Guernsey, Alfred K. Hills and J. B. Gilbert. This journal although homœpathic in name, is nevertheless, one of the most uncompromising enemies of the system as it is usually understood, and as it was enunciated by Hahnemann. It goes so far as to deny that Homœopathy is an exclusive system of medicine, or that it is the only true healing art. It says the Organen contains a great deal of wisdom and a great deal of trash. We enjoy the

reading of the Times, and although we can not go with it all the way it claims for similia, we nevertheless, commend its outspoken condemnation of potentization and dynamization—tenets which have made laughing stock of all sensible men. There is, in fact, not a very great gulf between Homœopathy as enunciated by the Times, and rational medicine." Is this so?

PROF. DOWLING, of New York, President of the American Institute of Homœopathy, and Chairman of the Executive Committee, to which were referred arrangements for the time and place of the next meeting, announces that it will be held at Brighton Beach Hotel, commencing June 14th, and lasting four days. Brighton Beach is located directly upon the ocean, within a few miles of the City of New York. The proprietor has pledged himself to do all within his power to make the stay of the members as pleasant as possible. A banquet will be given to the members of the Institute and their friends who may be present. Those proposing to attend the International Congress which meets in London on July 11th, will have ample time for the voyage after the adjournment of the Institute. The President trusts and believes this will be the largest, and one of the most interesting meetings of the American Institute of Homœopathy ever held.

COD LIVER OIL the once fashionable remedy has been losing its hold on popularity. It kills more people than it ever benefitted. More cases would recover without its presence than do with it. Dr. C. J. B. Williams, stated that only seventy cases were cured(?) by the use of cod liver oil administered to 7,000 cases in his practice of twenty years. This statement made before the London College of Physicians and Surgeons, by the introducer of cod liver oil has never been controverted. One per cent of cures is less than what would recover without medicine. Careful observations indicate that four per cent recover unmedicated. The oil is recommended as a food, and we have to see the first patient that relished his dietary when put upon it by his physician, and the first case that would not have fared better on more agreeable food. Maltine and disgusting combinations containing it will become obsolete soon. The manufacturers of maltine have purchased many journals' support, but error will need strong support to exist even for a short time. The preparations are doomed.

A CIRCULAR from an association naming itself the "International Institute for Preserving and Perfecting Weights and Measures," has been received. But for the request to mention the organization we should have put the circular where we cast many other puerile efforts of conservatism and anti-progress. If the title omitted "perfecting," it would not be so far from the truth. The object seems to hinder or prevent the introduction of the metric or decimal system of weights and measures. The phrasing of the circular is such as only to appeal to the lower thoughts or

prejudices of the reader. It avoids reference to the system except as the French system, and goes beyond the pale of truth when it states that legislation was secured by "secret influences" favoring the decimal system, and that "the most prominent and almost the only advocates of the French system are to be found in a small society centered in Columbia College, N. Y." There is not a chemical laboratory connected with a prominent, progressive seat of learning in this country but what uses the decimal system, and in the one which we studied no other system is used. The superiority of the system is appreciated best by those who use it. Opposition to its introduction unless able to present a better effort than so far presented only attracts the public attention to the superiority of the system. All homœopathic pharmacists employ the metric system, and for homœopathic physicians there is a great saving by using it.

THE HERING MEMORIAL.—Philadelphia, January 1st, 1881.—Dear Doctor:—At the "Hering Memorial Meeting" held in Philadelphia on the 10th day of last October, at the same hour that similar memorial meetings were held in the chief cities of the United States and of Europe, it was unanimously resolved to collect the various speeches and eulogies delivered at these meetings into a volume, under the title of "The Hering Memorial," which should serve not only as an expression of the veneration and affection in which we hold the memory of our great colleague, but also as a monument to his surpassing excellence, as a man and physician, more enduring than any structure in bronze or stone, and one, which, we are sure, would be more in accord with his own wishes.

The undersigned, literary executors of Dr. Hering, were appointed to edit this Memorial volume for which the materials are already in hand, and are merely awaiting the necessary funds for publication.

The Rev. Dr. Furness has kindly consented to write a short memoir of his old friend, and this, with the material before mentioned, and various papers furnished by eminent physicians and by personal friends, will make a volume of several hundred pages, which can not but prove of great professional and historical value, and at the same time its contents will be sufficiently varied to prove attractive to general readers, even for the few minutes they are awaiting attention in the physician's office. The book will be handsomely bound and illustrated.

In order to accomplish this object, you are asked to send to any one of the undersigned, whatsoever sum you may find it a pleasure to give towards the publication of this book, in memory of one who gave freely of all he had to his beloved Homœopathy.

To all contributors to the publication fund, a copy of the book will be sent.

Messrs. Boericke & Tafel, the well known publishers, have kindly consented to attend, without remuneration, to the distribution of the volumes; the artist furnishes the drawings as his contribution; there remains, therefore, as the sole expense of the book, the cost of paper, engraving, printing and binding. Whatever sum remains after paying these four items will be presented to Mrs. Hering in the name of all the subscribers, of whose names a printed list will accompany each volume. Yours Respectfully, C. G. Raue, M. D., 121 North Tenth Street; C. B. Knerr, M. D., 112 North Twelfth Street; C. Mohr, M. D., 555 North Sixteenth Street.

CINCINNATI MEDICAL ADVANCE

T. P. WILSON, M. D., EDITOR. ANN ARBOR, MICH. J. P. GEPPERT, M. D., ASS'T EDITOR. CINCINNATI, O.

VOL. X. Cincinnati, and Ann Arbor, March, 1880. No. 3.

All subscriptions and business communications should be addressed to MEDICAL ADVANCE CO., Publishers, 305 Race st., Cincinnati, O. Subscription $2. per annum.

PLEASE DON'T.—Some of our allopathic exchanges are entertaiaing us with specimens of what they call "regular Homœopathy," a sort of cross between the two schools. They cite instances in which the so-called homœopath prescribes regular allopathic doses, and end in a sort of triumphant "how's that for high?" We beg these several parties not to waste their time any more in that direction. A man much given to profanity, never missing an opportunity to lard and interlard his conversation with impious explications, was one day addressed by a gentleman after this fashion: "I've a little transaction with you, sir, but I want it distinctly understood between us, to start with, that every body and every thing in this world is essentially damned. You understand I admit it, and now then we can get right down to business." In this way there was made a considerable saving of time. So we say to our allopathic friends, that we admit, and always have admitted, that there are many professed homœopaths who in fact are no better practitioners than their old school neighbors. On that point we confess judgment at the outset. And we don't deny that these persons are dishonest, and that they bring our school into open shame. They are no more honest than the allopaths who steal from the homœopaths. The latter are the better doctors, however. It will save a deal of precious time to have it understood and admitted that our camp is infested with men who profess one thing and do another. There is no use of upbraiding us for this. We have for years protested

against it. For this we have often been blamed, and are to-day held under reproach for teaching students to stick to Homœopathy, and to avoid the follies of the allopathic school. To the best of our ability we shall do as we have done, and cheerfully take the consequences. Now it would suit our taste to discuss the principles and practices of the various medical schools, as measured by their best standards, and not interpreted by the acts of their most foolish adherents. But we say again, don't waste any more time in showing that there are homœopaths who are not true to their principles. Judgment is confessed under that indictment, and if there is any power which can issue an execution so as to place men professionally where they belong, we hope it may be exercised.

WE HAVE HAD occasion recently to call the attention of the profession to the false and misleading statements of certain professed leaders of our school. One of the gentlemen in question retorts that we have failed to convince him of his error, and that in fact he is rather strengthened in his opinions. We desire to inform the gentleman that we did not write for his benefit, or with any hope of converting him from his sins. We count him a hopeless case, but we are anxious that others, and especially the younger members of the profession, shall have a deeper and truer insight into the philosophy and practical value of Homœopathy. If *similia* is the poor and helpless thing some of its professed friends represent it to be, and there seems to be no possibility of its being any better, it should be laid upon the shelf as a curiosity, or for occasional uses only. This is not our position, and if we die in the attempt, we mean to stand for the inviolability and the supremacy of our law. There was a time when this was accounted a virtue. How is it now?

A WORD as to the summer campaign. The medical societies will soon be in order. It is time we all went to work to getting our papers out in time. The hurried preparation of a paper is sometimes worse than none at all. The times demand that both our scientific and literary work should be of the highest order. It is not that we suffer by comparison, but we are called upon to do better work. What our school needs is *original work*. An ounce of that is worth a ton of rehash. At least let us have some of it. Moreover, let us all resolve to attend the meetings. For this once let's all turn out and help to keep the ball rolling. If secretaries would notify us in time we would be glad to keep our readers posted.

THE St. Louis Clinical Review opens Volume IV in new covering, which certainly improves its appearance. It is growing better every issue. If more care were exercised in selecting advertisements, no one would doubt its being a homœopathic journal, but the advertising department looks much as allopathic journals do.

Theory and Practice.

Gynæcology. From a paper read before the students at Ann Arbor. By G. N. Brigham, M. D. Part II.

Endometritis has been treated of under acute uterine leucorrhœa, acute uterine catarrh, and acute internal metritis. A natural division of the disease would be into acute and chronic endometritis.

The morbid process may be set up upon the mucous membrane of the cervix and limited there, or it may be set up within the body of uterus and limited there, or it may be set up in both places at once. The provoking cause has much to do with the localization of the morbid expression, if endometritis come of sudden arrest of the menstrual flow it is likely to be confined to the body of the uterus; if it come of abortion, or follows parturition, you are likely to have the membrane lining the body and neck both affected, possiby, it may be limited to one of the points and not include the other; then if the inflammation follows a gonorrhœal inoculation, the mucous membrane of the cervix is likely to be more specially involved, yet it may extend not only to the body of the uterus, but to the ovaries. The frequency of endometritis is much greater than generally thought. In a greater or less degree it will be found to exist in most cases where we have leucorrhœal discharges. Savage claims that the lining membrane of the vagina has no secreting glands, and hence leucorrhœa is cervical, or from the body of the uterus; and I am inclined to think vaginal leucorrhœa is not found—there may be ulceration and purulent discharges from such ulcer.

Endometritis may run its course very rapidly as may catarrh of the respiratory tract; or may run on into the chronic state and not be recognized for years, if at all. Many cases of suppressio-mensium, and also congestive dysmenorrhœa, come, no doubt, of endometritis.

In the development of some of the exanthemata, we have sudden attacks upon the uterine membrane, and in consequence an endometritis may be set up, attended with attacks of painful leucorrhœa, lasting long after the general symptoms have disappeared. Acute nasal catarrhs in scrofulous constitutions not unfrequently, are transferred to the uterine membrane, and develop some of our most obstinate cases of endometritis. It often follows the use of the sound, may be set up from mechanical injury, and even from nervous shock. To run up the more apparent causes they may be said to be:

Direct injury—cold from exposure during menstruation, or immediately thereafter; simple or specific cervicitis; evacuation of retained menstrual blood, followed by septic changes; ovaritis, with suppression of menses, or even without suppression; excessive venery, including private erotic stimulation; constitutional tendencies to septic degradation and a scrofulous diathesis.

There is no doubt that direct injuries caused by the use of the tent, intra-uterine pessary, and the sound, have produced inflammation both of the cervix and body of the uterus; the lining membrane of the uterine cavity being usually the primary seat of the attack; nor can it be denied that chemical irritants applied by the tent, or by the syringe, may produce the same; intemperate coitus and surgical operations may be added to the list of causes coming from injuries. The constitutional condition, of course, will modify the results of such injuries. Nor are these injuries confined alone to setting up an endometritis, for the inflammation may extend to the fallopian tubes, and thus on to the ovaries, nor stop till a fatal peritonitis has been developed.

Gonorrhœal endometritis has very often passed onto the ovaries producing severe ovaritis, then complicating the ovaritis with a pelvic peritonitis of a grave character. I once met a case where pyemic action centered in the locality of the spleen, and by perforating the diaphragm, filled the left thoracic cavity with pus. The person was of a lympathic

constitution. We should be on our guard, and not overlook dangers coming to our patients from this source.

The specific poison from variola, scarlatina, roseola and rubeola, acting upon the mucous membranes not unfrequently results in developing an endometritis; in small pox, and measles, especially is this the case. Then, as I have said in the development of catarrh in a scrofulous constitution, the morbid force often assails the mucous membranes of the uterus. Of nervous causes, grief, mental anxiety, or fright, may produce a suppression, or a congestion, which will be followed with endometritis. Exposure to dampness and cold, a very common cause in catarrhal attack of the respiratory tract, often brings in a catarrh also here; sometimes direct and sometimes by suppressing the menses. Such exposures at the courses or at the close, often produce most severe attacks of endometritis, ovaritis, and it has even been known to bring on an hematocele. Of excessive venery, there is no doubt but that a continued state of excitement, attended as it is with an over distension of the vessels, will lead to inflammation of the mucous membranes lining the uterine cavity, especially, would this be true, if the woman was of a nervous temperament and a scrofulous habit; all the more so if her husband was a powerful man with great sexual ardor.

Operations for imperforate hymen have often been followed with the severest form of endometritis. The mucous membrane having so long been sheathed from the air, and the retained fluid being in a favorable condition to take on rapid changes toward decomposition, probably explains this. It is advisable to thoroughly wash out the menstrual secretion with warm water, and then plug, temporarily, the vagina, so as to exclude the air, enjoining rest, and keep a careful watch of the case. These cases have a strong resemblance to septic endometritis, following parturition and abortion, and like them often lead to peritonitis and septicemia as complications. Cases coming from these causes, constitute our really dangerous cases, and demand prompt and thorough attention.

We have also endometritis coming on from anemia, the catamenia are suppressed, and a leucorrhœa is established in their place. Not a few cases of endometritis come on from the nervous shock attending self-abuse. Some will claim congestion, and over-distension of the vessels in such cases, to be the chief cause, perhaps, but I incline to the theory of nervous shock.

Of course these cases are usually found in unmarried women. This state of things sometimes occurs in very young girls. The habit of self-pollution being taught to them by older associates. When you have backache, great nervousness, capriciousness of disposition, with weeping or despondency, inclination to be alone, weakness of memory, and a train of unexplainable symptoms, many of them nervous; and a general failure of the normal activities of body and mind, you may suspect endometritis, associated with this habit. If patient can not look you in the eye, perspires on the hands, which are inclined to be cold, the probability is strengthened, palpitation of the heart and headaches are very commonly associated with these cases. Much has been said of late years about the manner in which women are clothed; and there may be much truth in the argument that dresses made and worn so as to burden the hips and loins, and so fastened as to crowd the abdominal viscera into the pelvic cavity, are not unfrequently responsible for an attack of endometritis; indirectly, perhaps, more than directly. Such things do affect the general health; they do inaugurate prolapse and develop ovarian troubles, disturb the menstrual function, etc., all of which may lead to an endometritis.

The effect of sudden changes of temperature, however, I am inclined to regard as the one thing, which the clothing of women does not provide against. Their lower limbs and the pelvic organs are too much exposed, from the fashion of their garments, to thermal changes, and such want of protection, is at the bottom of many cases which come of unexplainable causes. Well, all these causes are to be studied as a part of your case, and causes should be removed if we expect permanent cures.

There is a class of symptoms rather peculiar to this disease, some of them, however, may be common to other pelvic troubles. The more noticeable are dragging pains and weight in the pelvis, pain in the back and groins, perhaps pain extends down the thighs and even below, frequent desire to urinate, with more or less tenesmus, teasings at the rectum, with tenesmus. A frequent accompaniment is tympanitis, and a condition of hyperesthesia of the nerves, distributed to the hypogastrium and pelvis.

To these, we may add, pressing, bearing-down pains. In the more severe cases, we may have the intestinal tract so strongly brought into sympathy as to have a diarrhœa set in; and I have seen vomiting accompanying it. In the course of five or or six days, a discharge sets in which becomes subsequently more consistent and creamy. The character of the discharge will vary much, being modified by the causative element in the case, and the severity of the attack, but it usually begins as a viscid fluid, which afterwards changes to a creamy or muco-purulent substance, not unfrequently tinged with blood. If it be of a septic character, it is ichorous, and attended with fetor. Indeed, the discharge in most of these cases after a little, will be excoriating, and should not be allowed to come in contact with the vulva, and surrounding tissues. An aggravated form of pruritis is apt to be the consequence.

An examination per vaginam shows the os to be open and gaping, the lips edematous, and the cervix swollen, and very sensitive to the touch. The parts are also hot and dry; or if time sufficient has elapsed since the attack, the parts will be covered with this viscid secretion. The uterus will also be found lower in the pelvis than natural, and the body enlarged. If the speculum be used the cervix and os look red and swollen, and an albuminous looking discharge will be seen pouring from the os. Later it will be muco-purulent, or, possibly sero-purulent. Much care should be used in making these physical examinations not to injure the parts, or aggravate the inflammation. No attempt at this stage should be made at passing the sound. The enlarge-

ment and tenderness has led some to confound this disease with parenchymatous metritis. It may also be confounded with pelvic peritonitis, periuterine cellulitis, unless care be observed in diagnosis. In endometritis there is usually less general disturbance than in either cellulitis or pelvic peritonitis; these cases are usually ushered in by chill which is followed by a high fever, and greater elevation of temperature. The physical examination will show hardening of periuterine tissue, and fixation of the uterus; if the case be periuterine, inflammation and the discharge from the os is only slight. These are points of difference quite sufficient to enable one to make out a case, if there should be any doubt. Endometritis in its first stage is a condition of active hyperemia of the mucous membrane of the uterus, the vessels are engorged, and the lining of the uterus looks red and swollen. The congestion of the capillary net work about the mouths of the utricular follicles is so great as to give a spotted appearance to the surface of the membrane. If the cervix is involved, it shows very clearly upon the mucous membrane of the vaginal portion. In the second stage, the follicles are found actively secreting a thick, creamy-like matter, which is mucus and pus. Sometimes the membrane is so profoundly penetrated as to have the capillary blood vessels yield blood discs to the matter.

Acute endometritis is hardly ever met with before the age of puberty; though we may have leucorrhœal discharges, which indicate a grade of inflammation of a subacute kind. In scrofulous constitutions we are not free from attacks of this nature if there should be any provoking cause.

The more common troubles found associated with endometritis, are, metritis, salpingitis, pelvic peritonitis, cystitis, urethritis and vulvitis, and possibly enteritis. If the attack be severe and run for any length of time, it is almost sure to extend to adjoining tissue constituting the parenchyma. The milder forms of this disease run on six or eight weeks sometimes, and nature cures the case without the real trouble ever having been suspected; it is much more likely to end in a chronic inflammation of the mucous membrane of the uterus, involving the superficial, subjacent, connective tissue which

results in a more or less extensive hyperplasia. The severer forms of this disease are not likely to be overlooked unless they be confounded with periuterine cellulitis, or pelvic peritonitis which are diseases of even greater gravity.

In the treatment of endometritis, rest is of the first importance; cleanliness is indispensable. As soon as the discharges are set up they should be washed away with warm water several times a day. A continuous jet should be carried upon the surface of the cervix, from a Davidson syringe, for twenty minutes. Any other good syringe will do. To accomplish this the patient should lie across the bed, and upon the back, with the buttocks upon the edge of the bed, which should be protected with india-rubber cloth, using a couple of chairs for the feet; two or three gallons of water placed in a proper vessel completes the arrangements for the nurse.

In selecting your remedy you will take into account the nature and cause of your disease; then you will take up your general and special symptoms, and strive to find where among the provings of the different remedies there is the strongest resemblance. Did the attack set in after exposure to a cold north or west wind, the person being of a full habit, followed by a hard full pulse, the whole body sensitive to the touch, showing congestion of the arterioles, and a hyperesthesia, you may think of *Aconite;* if there should be sticking, prickling, or stinging pains which were aggravated by warmth and motion, the indication would be very much strengthened. If the case had followed a nervous shock especially fright, or came on after the measles, or other exanthemata, or from suppression of the menstrual flow, *Aconite* might be expected to work rapid curative changes with associating symptoms as above. The painful urging to urinate, high fever, shooting pains in the pelvis, tenderness of the abdomen, have a close correspondence to *Aconite* symptoms. Then, the ovaritis, and in graver cases, the bitter vomiting spoken of by Dr. Hering, to which *Aconite* is applicable, make out a very fair picture of a certain class of these cases and you will not be disappointed in its use when thus indi-

cated. *Belladonna* is another remedy, and more frequently indicated, I should say, than *Aconite*. The pulse here again is hard, and very likely the carotids will be throbbing perceptibly to the eye, in the neck. The face is red and flushed, the senses are apt to be quite acute; the ear, for instance, to noise, and the eye to light. There is, indeed, a marked nervous tension, so that the patient complains if the bed be jarred, and is very sensitive to the touch; possibly, is sore all over; at least, over the lower abdomen and about the ovaries, the right in particular. There is tenesmus of the bladder, more marked than in *Aconite;* but in *Aconite* you have much thirst, and in *Belladonna* very little. You are apt to have much pressing and bearing down in *Belladonna* cases, troubled with spasmodic contraction. It is to be borne in mind that tension and spasm are very marked in the provings of *Belladonna*. Spasms at all the outlets of the body, the os uteri included; dryness of the mucous membranes is another charcteristic. Another characteristic is that the pains come on suddenly and go as suddenly—spasmodic—the vagina and os are hot and dry, uterus very tender and cervix swollen. There is apt to be headache associated with uterine symptoms, especially pain in the temples, the pain in the back is usually very severe and passes horizontally through the pelvis, from back to front, or from front to back. *Sepia* and *Platina* have pains which pass around in a circular course over the pelvic rim, making a differential point in their symptoms. But the most constant symptom is, the dragging and bearing down, or pressing toward the vulva, as if everything would push out. The whole of *Belladonna* symptoms indicate that it is capable of producing a marked hyperemia at every point where its action becomes manifest. This is the pathological state of an endometritis. An endometritis following scarlatina, or from puerperal causes, would be very likely to find a remedy in *Belladonna*, also, if it came on after operating for an imperforate hymen, or from troubles of an erysipelatous nature, to which I would add ovaritis, and painful ovulation. Among the differentiating symptoms, are, patient is better when she sits erect, or

stands, and worse when she sits bent over, as to her pelvic pains, especially the bearing down pains; while *Sepia* has just the reverse; that is, the bearing down pains of *Sepia* are worse by setting up and from standing, and are further aggravated by walking, while *Belladonna* would be relieved. *Nux vomica* has the bearing down pains, but less marked, and there is apt to be a teasing tenesmus in the rectum associated with it. And then *Nux* does not have such an inflammatory type as *Belladonna*. Indeed the general symptoms of the two remedies are such that one need never be in any hesitation in their choice.

Apium virus, is a remedy with very positive action upon the glands and lymphatics of the female genetive system. We have sharp, cutting, lancinating pains in the ovarian regions, (especially the right), with pains extending down the thigh, great tenderness in the uterine region, with bearing-down pains, yet not so pressing as in *Belladonna;* then we have heat in the vagina and painful urination; there is also scanty urination, with urine dark; *Belladonna* urine is usually pale. *Apium* cases are usually thirstless as in *Belladonna*, but there is not that general hyperæmia nor any such tension of the nervous system as is seen in *Belladonna*. On the contrary it seems to be the lymphatic system which is most impressed and the grade of inflammation is of a low type; edema is much more marked and the face is likely to look pale and fluffy rather than red, as in *Belladonna*. The os is more open and puffy in *Apium*, and there is more tendency to serous discharges. It agrees well with the septic type of disease in the acute stage, to cases with tendency to plastic exudations and blood decomposition. It is indicated where the labia are puffy and edematous, and if there is puffiness about the eyes, lips or face, or there is a tendency to general edema or glandular enlargements, all this corroborates the indication. From the fact that *Apium* acts so decidedly upon the follicular glands, it is reasonable to suppose that it may become one of our most reliable and potent agents for endometritis; though I am not aware that it has been much used by the profession for this disease as yet. *Podophyllum* has

the symptom of pain in the right ovary, extending down the thigh, and discusses ovarian enlargements. This may often be consulted in the less acute stages of endometritis. *Lycopodium* has pain in right ovary passing across to left, or pains run from right to left. *Veratrum viride* has of late obtained considerable favor in the treatment of puerperal affections, both from the old school and the homœopaths. It acts very decidedly upon the circulation and is capable of modifying very decidedly, congestions in certain localities: notably the lungs, the base of the brain and the uterus. We may expect head, heart and stomach symptoms to be associated, if *Veratrum viride* be the remedy. Among the provings we have a sharp, flying pain in the epigastrium which extends to the umbilicus, and on down to the pubes. Then we have the symptom of vomiting from the smallest quantity of food or drink, immediately upon swallowing it. *Phosphorus* has vomiting as soon as the water gets warm in the stomach. It corresponds to puerperal mania, with a silent and suspicious disposition; also, it is a remedy for puerperal convulsions. Analogy leads us to look to it as a remedy where spasmodic affections set in with mania, coming on from endometritis, as we sometimes have. For an endometritis following parturition, it will often present more nearly a similitude to the symptoms than any other remedy. It corresponds to a more congestive type of disease than *Belladonna*, and to a lower grade of action; depressing the vital forces as few of our remedies do. It may be placed between *Belladonna* and *Apium* for its action upon the glandular system, outranking both in its power to depress the vital powers and promote venous congestion, gastric irritability, pain at umbilicus going down toward the pubes, cerebral hyperemia, and high fever, with disturbance of the heart, may be looked for in such cases as will call for the *Veratrum viride*, there is apt to be burning with the distress.

Veratrum album.—The stomach symptoms of the white hellebore are much more intense than those of the green hellebore, it acts only slightly upon the brain in comparison, and produces no such congestive influence upon the venous

vessels. The pulse is but slightly accelerated, becoming perhaps, more frequent, but neither hard nor full. The fever is decidedly of the cold type, often smothering the hot stage entirely out. Dunham in speaking of this remedy says: "the entire system of vegetation is affected in such a way and to such a degree, that it seems as though the body were in a great measure withdrawn from the control of the vital forces, and given over to the action of chemical and mechanical laws. The liquid constituents seem to filtrate in a half mechanical manner through the tissues." As a matter of course, great weakness occurs, but the weakness is not disproportioned to the other symptoms, as is the case with *Arsenic:* nor is there the teasing and restlessness that goes with *Arsenic* pains. In endometritis, then, we may look for fits of vomiting and diarrhœa, cold limbs, and perhaps cold sweat about the forehead. If the menses have been suppressed a religious kind of mania may be an accompaniment, wherein cries of despair, moaning and weeping, are the mind symptoms.

I remember a lady, who had an endometritis following her confinement, who would present herself in the most imploring attitude, upon her knees, all the time wringing her hands and saying she was lost. *Veratrum* cured her. Another case was where a lady had exposed herself to a cold wind at the time her menses were finishing up. She was taken with pains in the pelvis and ovaries, vomiting and diarrhœa of so serious a nature that friends thought she would die, and discharged her physician the second day, he having given her no relief. When called, I found her face pinched, and her eyes sunken, extremities inclined to be cold; could not stir *without vomiting*, nor take a particle of anything into her stomach, (*Verat. vir.*) Even a teaspoonful of medicine would be thrown up almost as quickly as swallowed; or as much water with no medicine in it; she craved cold water, but had to hold it in her mouth before swallowing it; there were involuntary discharges from the bowels of a dark, watery substance; there was much difficulty at urination, bowels bloated, painful and tender to pressure. She

had a good deal of distress and pain in the abdomen, which seemed to provoke nausea. *Veratrum album* was given with almost immediate relief. *Veratrum viride*, *Nux vomica* and *Sulphur* afterward aided in the cure.

Another and milder type of cases will find their remedy in *Pulsatilla*. Such are of mild disposition with blue eyes, and are easily moved to tears. The pains are of a drawing, tearing nature, aggravated by touch; perhaps, a still more charateristeric symptom is, that the pains increase till very acute, then suddenly let go. The pains of *Pulsatilla* are accompanied by chilliness, and no thirst. The pains occur while lying still on the back, and are relieved by sitting up and by motion; patients are wakeful the forepart of the night, and sleep in the morning. The pains connected with the genitals are drawing, pressing or constricting pains much like labor pains, centering about the pudenda, relieved by bending forward, the opposite of *Belladonna*. There is pressing in the sacrum, and frequently nausea. It is more often indicated in the second stage of endometritis than in the first, but may be the remedy in a class of cases from the start. *Lilium tigrinum* is a remedy more recently introduced among our gynæcological remedies, and I believe is destined to take high rank. Many of the symptoms are almost the exact likeness of some of the most important ones I have heretofore given as diagnostic. We have the bloated feeling in the uterus; intermittent labor-like pains in the sacral region; pressure on the anterior wall of the rectum; urgent desire for stool; frequent, scanty, burning urination; burning from groin to groin; bearing down in uterus with pains in left ovaria and left mamma; pains extending across hypogastric region, down the thigh or to the groin; burning, stinging and cutting pains, especially about the left ovary; ovary much swollen; sensitiveness of abdomen, ovaries and uterus. The bearing-down pains are relieved by pressing the hand upon the vulva. Other symptoms are, nausea, with pressure in the vagina and upper part of sacrum; abdomen sensitive to a jar, to pressure; feeling as if diarrhœa would come on which passes off after urinating; the hips sympathize with many of the pains such as the bloated feeling of

the uterus; then the tenesmus of the rectum and inclination to stool results only in voiding a little urine, smarting in urethra and tenesmus vesical. The mind symptoms are various. She may be tormented about her salvation; low spirited, and inclined to weep; apprehensive and fearful of impending calamity, fear of insanity, or she may be listless, irritable and impatient. It has been observed that as the mind symptoms become more marked the uterine improved; that is, the mental and physical alternated. There is a throbbing sensation in all the blood vessels, something like that of cactus; the dreams are laborious and everything seems too hot; the blood vessels feel pressed as though the blood would burst out. Such symptoms we are able to group together under the head of *Lilium tigrinum*, which will no doubt, hereafter fill volumes from our clinics. In cases coming from gonorrheal infection, *Cannabis sativa* and *Mercurius corrosivus*, I regard as among our best remedies. Indeed, I have often found corrosive *Mercury* a remedy for other cases. The swollen, puffy lips of the external os, the tenesmus of the bladder, rectal and other disturbances are well typified in *Mercurius;* then the sore pain in the pelvis, swelling of the lympathic glands, and cutting pain in the abdomen as in peri-uterine metritis, has many analogies to *Mercurius corrosivus*. There are other remedies which will be demanded for some cases of this disease, such as *Kreosotum* or *Carbolic acid*, for some forms of septic endometritis, or *Kali bichromatum*, if it partake of the diphtheritic character. *Iodine* if of scrofulous origin, the special indications of which, I must refer you to our works on materia medica.

Perhaps a word should be said about *Podophyllum* which has such a decided action upon the female genetive system. Usually the right ovary is involved. The pain often extends to the groin and thigh. There is much bearing down and tendency to prolapse. The pain increases *by motion*, and is better when *lying down*. I have seen an enlarged and painful ovary connected with puerperal endometrits rapidly undergo resolution from the action of *Podophyllin*.

Microscopy.

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An Ideal Series of Objectives for Microscopical Work.

The following article from the Cincinnati Medical News will be found of interest to many of our readers, and is well worth the attention of those microscopists who attach importance to instrumentation. In a future issue we shall have occasion to again refer to this subject.

Governor J. D. Cox, of Cincinnati, O., recently wrote a leading microscopist on the subject of an ideal series of objectives for microscopical work. His correspondent, regarding the views of value, submitted them, we understand, to Prof. Abbe, of Jena, hoping he might make formulæ for such a series, to be worked out under his supervision by Zeiss. At our request, the Governor has given us that portion of the letter in which he discusses the subject, for publication, which we here present to our readers.

"Prof. Abbe's enunciation, in a recent article, of the proposition, in substance, that one great objective of a given angle of aperture should, if properly constructed, do all that *any* glass of that aperture will do, strikes me with peculiar force, because I have been leaning to that view myself. It amounts to this, viz: Angle of aperture determines the power of discriminating minute variations of structure, or of surface in the plane, which is in focus; *ergo*, if the objective is thoroughly well corrected, eye-piecing will do nearly all that increase of power in the objective would do, without increasing or widening the angle.

"A practical suggestion grows out of this, which, if it could be carried out by Zeiss, under Prof. Abbe's directions and with his formulæ, would be of interest to the microscopical world. It is, that the true model for a series of objectives, would be a list containing the lowest powers that can be thoroughly well made of each of the desirable angles which will combine maximum aperture with low magnification.

The series would thus be scientifically progressive. We should then only need to select those which would combine the most desirable *working distance* with other qualities, and the model series would be complete.

"Besides the lowest powers, we should want one objective of 40 degrees angle for use with the binocular upon opaque objects. We should want a glass, with nearly half an inch actual working distance, for use with dissecting instruments or with the mechanical finger. Another, with an eighth or a tenth of an inch clear working distance, would be needed for rough examinations of algae, etc., in the common animalcule cage or compressor, with pretty thick cover glasses. The problem is, What is the *highest angle* consistent with these conditions? Indeed, I do not see why we should not rate our glasses by the angle of aperture rather than by the so-called focal distance, for we should always know what a thoroughly corrected glass of a given angle *ought* to do; whereas, nobody knows what a glass's performance will be because it is called a "quarter" or an "eighth." under the present nomenclature.

"In further elucidation of the matter, it may be well to refer to the tables which the Royal Microscopical Society have published and kept standing in their journal. These tables are based upon Prof. Abbe's notation, and show the resolving and defining power of objectives of various angles, theoretically calculated from Abbe's formulæ. They give, of course, the *possible* performance of glasses, constructed upon the conditions which have been stated above, may combine maximum performance in each department of work, with th minimum number of objectives. Thus, the scientific outfit of the microscopist would be made, at once, least cumbersome in quantity and most efficient in quality. In this way, we should have what might fairly be called an ideal series of lenses.

In practice, the result would be somewhat as follows, viz: 1. An objective of forty degrees aperture and half an inch working distance, giving about forty diameters' magnification with the ordinary No. 1 ocular, and resolving 38,000 lines to

the inch; 2. An objective of 100 degrees aperture and one-eighth of an inch working distance, giving about 120 diameters' magnification, and resolving 70,000 lines to the inch; 3. A homogeneous immersion objective of 120 degrees balsam angle of aperture, giving about 300 diameters' magnification, and resolving 120,000 lines to the inch. Proper eyepieces would make these three objectives cover the intermediate magnifications desirable, and the third objective in the list would resolve any test resolved by any glass yet made and in the market; whilst the forty degrees glass would give all the "penetration" needed for the binocular with opaque objects.

The Size of the Blood Corpuscle.

During the trial of the famous Hayden case, the evidence of Dr. J. J. Woodward, U. S. A., became the subject of criticism from the editor of the *Medical Record*, who also affirmed that Dr. Woodward testified that the average diameter of the human red blood disk = 1-3620 of an inch. Through the agency of a mutual friend of ours, Dr. Woodward's attention was invited to the matter, whereupon Col. Woodward addressed a letter to the editor of the *Medical Record*, from which we quote as follows:

"I can not for a moment believe that it was your intention to misrepresent me in the editorial of January 10th, entitled, 'Further Expert Testimony at the Hayden Trial;' and yet you have actually done so by making use of the newspaper reports of my testimony in that case, in which, as is usual with newspaper reports of scientific testimony, there are a number of inaccuracies, and erroneous impressions are made as to several matters by the presentation of single sentences without the context. Will you not, therefore, as a matter of

justice, give equal publicity to the following brief corrections and a few words of explanation?

"You write: 'Dr. Woodward testified that the size of human blood corpuscles in different persons was as variable as that of the individual; and the size also varied greatly even in the same animal.' What I actually testified as to these points were substantially as follows: That the largest human corpuscle I had ever measured in any individual, including all ages, was 400 millionths (1-2500) of an inch in diameter, the smallest 222 millionths (1-4500). I said that I did not, however, for a moment believe that these dimensions represented the extreme limits, for G. Hayem (Rech. sur l'anat. normale et path. du sang, Paris, 1878, p. 44) has recently affirmed that in chronic anæmic conditions he has measured them as large as twelve or even fourteen micromillimetres (the latter =551 millionths of an inch), and as small as 2.5 or even 2.2 micromillimetres (the latter = 86 millionths of an inch). But even taking the limits I had myself measured as the extremes for healthy individuals, the difference in size between the largest and the smallest human blood corpuscles was about as great relatively as the difference between the shortest and the tallest adult man; and as in both cases all possible intermediate sizes occur, I held that we are no more likely, by measuring ten, or fifty, or a hundred, or even a much larger number of corpuscles, to obtain an average size that will agree with the next set of similar measurements, than we are, by measuring the height of as many men, likely to obtain an average which will agree with the average height of as many more individuals measured elsewhere.

"It was to this cause chiefly that I attributed the considerable differences between the statements as to the average size of the human red corpuscles published by the highest microscopical authorities during the last few years. You make me say: "The most recent authoritative measurements made the average diameter 1-3620 of an inch." What I really said was, that while many English and American microscopists continued to assume the infallibility of the alleged average size of 312

millionths (1-3200) of an inch, propounded by Gulliver in 1848, such able microscopists as Cornil and Ranvier (Manual d'histologie pathologique, Part II., Paris, 1873, p. 498) placed it as low as seven micromillimetres (*i. e.*, 275 millionths, or 1-3636 of an inch). The commission of the French Societe Medicine Legale (Anales d'hygiene publique, T. 40, 1873, p. 194), composed of Messrs. Miahle, Mayet, Lefort, and Cornil, which reported, June 9, 1873, placed it at 7.5 micromillimetres (*i. e.*, 295 millionths, or 1-3389 of an inch), with which Hayem (p. 43, op. cit. *supra*) and other recent French authorities agree. On the other hand, J. Pelouze and E. Fremy (Traite de chimie, etc., me ed entierement refondu, T. VI., Paris, 1865, p. 492) place the average as high as 1-120 of a millimetre (*i. e.*, 328 millionths, or 1-3048 of an inch), while the average usually accepted in Germany, that of Welcker (Zeitschr. fur rat. Med., Bd. xx., 1863, S. 257), is intermediate between the foregoing., viz, 7.74 micromillimetres (*i. e.*, 304 millionths, or 1-3289 of an inch).

"As for myself I did not pretend to make any general statement as to the true average size of the human red corpuscles, my experience being that the averages obtained by the most careful measurements of any moderate number of corpuscles differ considerably. As to this, I cited the figures I have published (Amer. Jour. of Med. Science, January, 1875, p. 151, and Trans. of the Amer. Ass'n, vol. xxvii., 1876, p. 303), and added that several other average measurements of human blood recently made by me with every possible precaution also differed from each other considerably (as will be seen below).

"As to the red blood corpuscles of the dog, I testified that I had measured in this animal single corpuscles as large as the largest I have ever myself measured in human blood, others as small as the smallest in human blood, and every possible intermediate size. Here, too, on taking averages, I had arrived at variable results, as Gulliver himself did long ago. I explicitly stated that the general average of all the measurements I had ever recorded for the dog was somewhat smaller than the average of all I had recorded for man. Yet

some of the averages I had found for fifty or a hundred, or even more, canine corpuscles were larger than the smaller averages obtained for human blood; indeed, occasionally rivalled the larger. I mentioned further that I agreed with the view of L. Perier (Bull. des travaux de la Soc. de Pharm. de Bordeaux, 1877, p. 282 et seq.) that the blood of quite young dogs (up to a month or two old) more frequently contained very large corpuscles, and gave averages equal to those obtained from human blood, than was the case with older animals. I had, since the trial commenced, mounted several slides of the blood of a pup three weeks old, in which corpuscles measuring 400 millionths (1 2500) of an inch in diameter were by no means rare. (I may add that I have these slides, and will take pleasure in showing such corpuscles to any competent microscopist.) Fifty corpuscles on one of these slides gave an average of 326 millionths of an inch; forty corpuscles on a slide from another pup of the same age gave an average of 320 millionths of an inch; while twenty corpuscles from the blood of a full-grown dog gave an average of but 300 millionths of an inch. Measured with the same instruments, fifty corpuscles of my own blood gave an average of 324 millionths; forty, from another individual, gave an average of 327 millionths; twenty, from another, gave an average of 316 millionths. I added, that all these measurements were made with a new Zeiss homogeneous immersion 1-18 and a cobweb micrometer, the power being such that each division of the micrometer-wheel equalled 1-750000 of an inch. Every corpuscle in the group selected was measured, each being first brought to the centre of the field for the purpose, and those corpuscles which appeared to be other than perfectly spherical were measured in the long and short diameters, and the mean taken. In short, every known precaution was employed to secure accuracy.

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"You remark: 'Dr. Woodward took in general a very pessimistic view of micrometry;' and again: 'The impression given by Dr. Woodward as to the exceeding vagueness

and inaccuracy of microscopic measurements was unjustifiably strong.' I do not think, Mr. Editor, you would have made either remark had you heard what I actually said. I pointed out, it is true, several important sources of error that would lead to very mistaken results, if neglected, besides the differences between micrometers, on which you very properly insist; but I also expressed the opinion that if every precaution *was* taken, the size of each individual corpuscle measured could be obtained with our best modern resources to within two or three millionths of an inch, which, I may note here, is about as close as Professors E. W. Morley and W. A. Rogers (Proceedings of the American Academy of Arts and Sciences, 1878, p. 164 et. seq.) found it possible to measure the distances between sharply defined ruled lines on glass. What I did express doubts about was the significance of averages taken from the measurements of comparatively small numbers of bodies so variable in size as blood corpuscles are. And, indeed, I may say here that I am glad to admit, nay, I go further, I insist, that micrometry has considerably advanced since the days when Gulliver fixed the 1 3200 of an inch as the average size of the red corpuscles of human blood, and Kolliker asserted that ninety-five per cent of these corpuscles are of the same size. (By the way, Kolliker also stated that the average diameter of the red corpuscles was 1-300 of a Paris line, *i. e.*, 296 millionths of an inch. Manual of Human Mic. Anat., London, 1860, p. 519.)

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"Very respectfully, your ob't serv't, J. J. WOODWARD, Surgeon U. S. Army."

NOTE.—Not long since we instituted a rather extended series of measurements of the red blood corpuscles, employing modern instrumentation capable of the most accurate determinations—the mean diameter thus obtained of the blood discs agrees (within a *millionth of an inch*) with Dr. Woodward's combined observations, viz., 1-3044 of the English inch. Some one hundred or more of our measurements were published in detail about a year since in the Hahn. Monthly.—[J. Ed. S.]

"There Is not Much in It."

This expression, which we have adopted for a heading, was recently made by a physician who does not reside more than an hundred miles from Cincinnati, when the microscope was mentioned to him by a layman. Of course, our readers will suppose that he must be a very ignorant man and of no standing in the profession. But we will assure them that they are mistaken. On the contrary, he considers himself, and is considered, both by the community and the most of his medical brethren as eminent in his profession, and is of high standing socially. Although he has not a college education, yet he is regarded as an intelligent man, and has written not a little for publication. We believe, too, that he has been called upon to make addresses away from home.

Such an expression from such an individual is remarkable, and we scarcely know how to account for it. If he was a grossly ignorant man, of but little modesty, and full of ignorant self-assurance, we would unhesitatingly ascribe it to his ignorance; for it is difficult to imagine that there can be one of any other class that would be disposed to depreciate the value of the misroscope. Has there been any other instrument that has accomplished more, if as much, for science? Certainly medicine is more indebted to it than to any other. It has done so much here, that we scarcely know how to begin to tell what it has done. In fact, it really seems to us, at a glance, to have done everything. Without it, there could have been no science in medicine at all. "To begin with the beginning"—histology. Without the microscope there could be no histology—*i. e*, such a branch of knowledge. The foundation of all structure is the cell, and its increase is the increase or multiplication of cells. But we could not have known of the existence of such a body as a cell unless the microscope had revealed it. And it also revealed how cells are multiplied by division; and tissues, and structures, and organs thus created. But we have have not time nor space to recount from the beginning, in regular

order, how medicine has been built up into a science and art by means of the microscope. We will only mention at random, what we would not have known anything about if it had not been for the revelations of the microscope, and then we will let the gentleman who considers "there is not much in it" think over to himself what we do know. The red and white corpuscles of the blood, although of the highest importance both in health and disease, and in the latter, often have our remedies directed to them, are so exceedingly minute in size that they can not be seen by the unaided eye, and, consequently, we never could have known of their existence without the microscope. Nor could we have known without it anything in regard to the network of capillary vessels that connect the arteries and veins. Turn the attention to the primæ viæ, commencing with the lips, lined with mucous membrane throughout its whole length. How studded is it from commencement to termination with most important organs, all of which are microscopical in size. We could have no knowledge how digestion and absorption take place, if we had not the means of magnifying the size of the organs by means of which it is accomplished. How came we to know of the acini of the liver, containing a portal capillary within and the other vessels disposed without? Without magnifying lenses we could have known nothing of the peculiarities of the hepatic circulation. And the same can be said of the novelties of the arrangement of blood vessels of the kidneys, and the curious Malpighian bodies which the microscope exhibits so beautifully. And these singular bodies remind us of the spermatozoa and their active movements, which are microscopical.

But the gentlemen who thinks there is not much in the microscope, may say that he admits that the microscope has done much in histology, etc., but that the general practitioner, having learned all about its discoveries in books, has no need of the instrument in his practice. Consequently, "there is not much in it" for him, for he has no time to study histology. We think, however, he would be a better doctor if he only studied the histology of the leaf of a flower occasionally, for which he might certainly find some time now

and then. But the microscope is of the most important service in practice, so much so, that it ought to be called into use every day. The information which is obtained from urinary deposits has now become so important by the progress of pathology that the intelligent physician feels called upon to examine them in a large number of his cases; and the microscope by defining the crystals or exhibiting epithe lial cells and tube casts, etc., discloses, oftentimes, at once the most important information. Again, how often is the medical attendant put into the possession of valuable information as regards the character of a lung affection by what he finds in the sputa of his patient? In anæmia and chlorosis he frequently learns much by examining the blood. In discriminating secretions and excretions he often finds use for his lenses, also, often, in making out peculiar tissues. Really, there are so very many uses for the microscope by the physician in the way of his practice, which suggest themselves to us, and which we would suppose, would occur to the minds of all, that it seems absurd to enumerate them in the way of evidence of the value of the instrument to every practitioner. We feel sure that we could not dispense with it.

Let any of our readers take up a work on medical jurisprudence, and we feel sure that they will find abundant evidence of the value of the microscope as a medical instrument. By it the physician can determine at once whether certain stains are blood stains are not; and if they are, whether the blood is that of a mammalia or not. But this will suffice. Scores of pages of almost any work upon medical jurisprudence will illustrate the importance of the microscope.

We do not wish to be suspicious, but we can not help suspecting that the medical gentleman who has been reported to us as speaking disparagingly of the value of the microscope was induced to do so because he himself had no practical knowledge of the use of it; and consequently, he desired to excuse his ignorance by depreciating it. We hardly believe, though, that he will be able to deceive any one.

Bureau of Microscopy, American Institute of Homœopathy.—A Correction. The bureau roll, as given last month, exhibits a *very important* omission, which we hasten to correct. It should have read as follows: J. Edwards Smith, M. D., Chairman, Cleveland, O.; Prof. C. Wesselhoeft, M. D., Boston, Mass.; William H. Winslow, M. D., Ph. D., Pittsburgh, Pa.; L. B. Couch, M. D., Nyack, N. Y.; Edward Rushmore, M. D., Plainfield, N. J.; C. P. Alling, M. D. Bradford, Pa. Dr. Winslow will, we hope, accept our apology for the unintentional omission.—J. E. S.

Miscellaneous.

University of Michigan. Homœopathic Department.

Ann Arbor, Feb. 10 and 11, 1881.—The following includes the questions given the senior class, at the above dates, being the final examination of the first semester. The departments of surgery, materia medica and theory and practice, had many fine papers presented by the class. A specimen paper from each department is appended:

Examination in Surgery, by Prof. Franklin.—1. Differential diagnosis between extra capsular fracture of the humerus and sub-glenoid dislocation.

In dislocation—No crepitus; if any, moist; head of humerus felt in axilla; arm lengthened. Decided alteration in axis of limb, generally caused by violence applied to hand or elbow; preternatural immobility; therefore impeded rotation; difficult to reduce. Pressure on brachial artery and axillary nerves, producing edema and numbness; unnatural flatness of shoul-

der; unable to place hand of injured limb to opposite shoulder or to the head, while the elbow remains at the side; acromion process prominent, with marked depression below it; slight depression at the insertion of the deltoid muscle; elbow stands away from side of thorax.

In fracture.—Crepitus decided; head of humerus in normal position; never lengthened, often shortened; slight alteration in axis of limb, usually caused by direct violence to shoulder; preternatural mobility; rotation natural; easily reduced to normal position, but falls down again; no numbness nor interference in circulation; shoulder round and natural; hand easily raised to opposite shoulder and head while the elbow is at the side; no depression below acromion process; no depression; position not definite.

2. Name the dislocations of the shoulder joint; pathology, symptoms and diagnosis of each.

In reference to an imaginary line drawn vertically through the glenoid fossa, there are three complete dislocations of the head of the humerus; one backward and two in front of this line. The dislocation backward, in which the head of the humerus is upon the dorsum of the scapula, and beneath its spine, is called the sub-spinous or scapular. The dislocations in front of this line are the forward and downward luxations. The forward dislocation, where the head of the humerus is beneath the clavicle and upon the thorax, is called the subclavicular or thoracic dislocation.

The downward dislocation, in which the head of the humerus is beneath glenoid fossa, is called the sub-glenoid or axillary.

Sub-clavicular or Thoracic.—Pathology.—Head of humerus under the clavicle on sternal side of coracoid process, beneath the pectoralis major and minor muscles, and covering the insertions of the serratus magnus muscle to the second and third ribs. The inner and anterior portion of the capsule is much torn; the infra and supra spinatus and deltoid muscles are put upon the stretch, and the long head of the biceps frequently broken. The tendon of the subscapularis muscle is often broken; head of humerus often carries axillary nerves along with it, producing great pain.

Symptoms.—Elbow carried far from chest, and projects backwards; can easily place finger under acromion process; body bent toward injured side, and axis of limb toward the middle of clavicle; immobility; head of the bone felt under the clavicle; by Dugas' test, inability to place hand of injured limb on the opposite shoulder, while the elbow remains at the side; limb shortened slightly.

Diagnosis—In no other luxation can the head of the humerus be felt in this position, nor under any other dislocations is the elbow extended so much outward and backward.

Scapular Dislocation.—Pathology.—Head of humerus on dorsum of scapula, beneath its spine and between infra spinatus and teres minor muscles; capsular ligament ruptured on under side; often supra-spinatus and sub-scapularis muscles are ruptured.

Symptoms,—Preternatural immobility; axis of limb directed backward, nearly horizontal; elbow is carried away from the side and directed forward and downward; tumor felt upon the infra-spinatus muscle below the spine; a space between coracoid process and head of the humerus; unable to perform Dugas' test.

Diagnosis.—This is the only backward dislocation and the only luxation in which the axis of the limb is directed, as in this case, and where the head of the humerus is in this situation.

Axillary Dislocation.—Pathology—Head of the humerus under the glenoid fossa, between the long head of triceps and sub-scapularis muscle; long head of biceps torn asunder, and capsular ligament lacerated; deltoid and supra spinatus muscles put upon violent stretch, as also are the coraco-brachialis, sub-scapular and infra-spinatus; brachial artery and axillary nerves pressed upon, producing edema and numbness.

Symptoms.—Head of humerus can't be felt in axilla; arm lengthened about an inch; elbow separated from the side and extended somewhat backward; can not execute Dugas' movement; flexion of forearm; rigidity.

Diagnosis.—Diagnosed from extra capsular fracture, in answer to first question; can not be mistaken for any other dis-

location, for here alone do we have lengthening of arm; flatness of shoulder; prominence of acromine process; head of humerus felt in axilla; numbness of forearm and fingers.

Sub-Luxations of Shoulder.—There are two partial dislocations of the head of the humerus: the sub-coracoid and sub-acromion.

Sub-coracoid.—Pathology.—On anterior surface of head of the humerus, in the tendon of the short head of the biceps and coraco-brachialis muscles. The head of the humerus carries with it the belly of the sub-scapular. Head of the humerus beneath the coracoid process and in front of glenoid cavity.

Symptoms.—Shoulder flattened; acromion prominent; hollow in supra spinous fossa; head of humerus felt below coracoid process; unable to abduct arm; movement of hand and fingers natural.

Diagnosis is simple; would only confound it with the thoracic luxation from which it can be distinguished by the position of the head of the humerus.

Sub-acromion.—This dislocation is numbered among the congenital luxations.

Pathology.—Head of humerus lies upon the surface of the scapula, below the outer and posterior part of the acromion.

Symptoms.—Head of humerus can be felt on dorsum of scapula below the root of the acromion. In front of the acromion is pointed and externally the deltoid is flattened; arm shortened, withered and rotated inward toward trunk; forearm pronated and supination difficult.

Diagnosis not difficult, as arm is rotated inward and head of bone can be easily felt.

3. Name the dislocations of the hip joint. Diagnosis and treatment of each.

Relative to an imaginary line drawn from the anterior superior spinous process of ilium to the most prominent part of the tuberosity of ischium, there are four dislocations of the hip joint, two backward and two forward. Backward upon the dorsum of the ilium called the iliac and into the great sciatic notch called the sciatic. In front of the line: down-

ward into the obturator foramen, called the thyroid dislocation, and forward upon the ramus of the pubis called the pubic. The frequency of these dislocations is in the order as given.

The Iliac Dislocation.—Diagnosis.—This luxation can not be confounded with any other dislocation of the hip joint if the following points are understood: The leg is flexed and adducted so that the knee of the injured side laps over the knee of the opposite side. The great toe of the disabled limb rests upon the instep of the opposite foot. On rotation the head of the femur can be felt upon the ilium and a flatness over the acetabulum is perceptible. The arc formed by the great trochanter on rotating the limb is much greater than in the normal position. This dislocation might be mistaken for fracture of the neck of the femur. In both we have shortning, but while in dislocation we have the foot turned in, in fracture the foot is everted. In fracture, mobility; in dislocation, immobility.

Treatment—By manipulation—Flex the leg upon the thigh, the thigh upon the abdomen, by grasping the ankle with one hand, the knee with the other; pass the knee up over the abdomen as high up as the umbilicus, and then rotate back to the other side; then bring the thigh gradually down same at time abducting the knee and letting the leg pass over the sound limb. The head of the femur will fall into the socket with a loud report. The grand principle to be kept in mind in all these dislocations is to lift up, bend out and roll in. When the luxation is reduced a broad bandage should be wound around the hips; the patient should be put in bed in a dorsal position. Bathe the hip in solutions of *Arnica*. *Aconite*, *Rhus*, *Ruta* or *Arnica* should be given internally as indicated. After the inflammation has subsided passive motion should be made to prevent ankylosis.

By Pulleys or by Extension and Counter Extension.—Anæsthetize the patient and place him upon his back in bed or on a table. Fix a staple in the floor at the head of the bed on the side corresponding to the injured side of the patient. Place a

pad in the perineum. To this staple fasten a broad strap and let it pass over the hip around between the thighs, over the perineal pad and back to the staple; fasten and clove hitch above the knee, and to this attach a pulley and strap which is attached to the staple in the wall on a level with the patient or a little above and on a line with the axis of the limb; traction is then made and the head of the bone is then brought into place. Often traction by a towel over the surgeon's shoulder and around the leg will be necessary to lift the head of the femur over the acetabulum.

Sciatic Dislocation.—Diagnosis.—Shortening about an inch; thigh flexed, more so in a recumbent position; thigh adducted and rotated inward; great toe of dislocated limb rests upon the toe of the opposite foot; head of bone felt in abnormal position; heel does not touch the ground; rotation scarcely possible. A characteristic which belongs to this luxation and no other, is the curvature formed by the lumbar vertebræ when the patient is in a recumbent position and the leg on a line with the body. If the leg is flexed this curvature is lost.

Treatment.—Is the same as in the iliac dislocation. However, care must be exercised to prevent the head of the bone from falling into the thyroid foramen when reducing it.

Thyroid Dislocation.—Diagnosis.—Hip flattened and prominence of trochanter absent; limb legthened two inches, advanced and abducted; the body is bent forwards and the patient simulates one who is about to take a step; knee bent and unable to be straightened; foot advanced and in exceptional cases is everted, head of the bone can be felt in the perineum.

Treatment.—By Manipulation.—Flex thigh upon abdomen in a state of abduction, the knee being moved inward and brought down in an abducted position until the knee comes in short distance of pubes, then rotate thigh inward.

By Extension and Counter-extension.—Place patient on his back; pass a girt around the pelvis of patient and fasten this to a staple next to the sound side of patient; a pad is put between the perineum and the upper part of the luxated thigh; a girt is passed between the thighs, over the pad and

fastened to a staple opposite the other staple; traction is then made by a pulley on the last named girt; when sufficient traction is made, the surgeon grasps the ankle, when with it as a lever the head of the bone can be lifted out of its unwonted position into its normal place.

Pubic Dislocation.—Diagnosis.—Leg shortened, greatly abducted, rarely extended and rotated outward. The head of the bone can be felt above Poupart's ligament, and to the outer side of the femoral vessels; hip is flattened; thigh and knee slightly flexed. May be mistaken for fracture as the foot is everted, but in fracture the head of the bone can not be felt. Trochanter major rotates on a shorter radius; crepitus; no abduction, not so much shortening as in dislocation; eversion of foot not so great and easily overcome; mobility.

Treatment by Manipulation.—Rotate and abduct thigh outward by grasping foot; flex and adduct the limb, and then rotate inward.

By Extension or Counter-extension.—Place patient half on back and side; a perineal band with pad is passed up to a staple fixed in front of and above the body; the pulleys should be fixed on the lower part of the thigh and extension made downward and backward; the surgeon then lifts the head of the bone up over the rim of the acetabulum by means of a towel. The after treatment in all these is the same as in the iliac.

4. Differential diagnosis between dislocation of the wrist and Barton's fracture.

In Dislocation.—Rare. Deformity does not disappear so easily, and when once goes away does not reappear. Requires great force to reduce. By grasping the styloid process with one hand, while the fingers of the other hand rests on the head of the radius, then if rotation be made the head of the bone can be felt to move. No crepitus.

In Fracture.—Comparatively frequent. Deformity disappears by extension, but reappears when extension ceases. Requires slight force to make normal. By going through the same operation the head of the radius remains stationary, and great pain is experienced on movement. Crepitus.

5. Define a fracture; give kinds, etiology and symptoms.

A fracture is a solution of continuity in osseous structure. A simple fracture is a fracture with no injury done to surrounding structures. A compound fracture is where a wound communicates from without with the broken bone. A complicated fracture is one in which the nerve, artery or muscle is involved. A comminuted fracture where the bone is crushed. A green stick fracture, in young persons where the bone is not broken clear off, but bent and cracked. A longitudinal fracture where the bone is broken lengthwise as by a bullet. A transverse fracture where broken straight across. An oblique fracture where broken obliquely. An impacted fracture where one fragment is driven into the other.

Etiology.—Predisposing causes are age, disuse of limb, cancer, syphilis, rheumatism, scurvy, rickets, original conformation, the bones of some people being brittle by nature.

Exciting Causes are:—Direct violence against the bone itself or indirect, where the force is applied to portions of the bone and the fracture occurs between. Muscular contraction.

Symptoms.—Deranged sensibility of limb; function of limb impaired; pain, swelling, preternatural mobility and deformity.

6. Diagnosis and treatment of fracture of humerus, middle third.

Diagnosis.—Preturnatural mobility, deformity, crepitus, shortening, if oblique, pain and swelling.

Treatment.—Etherize the patient and determine the kind of fracture; bathe the arm; bandage the arm from the hand up to the axilla to prevent swelling.

The Splints Necessary.—An angular splint reaching from axilla to the end of the fingers, and three shorter splints of the length of the arm, to be applied to the back part, outside and inside of arm. Before applying, the splints should be well padded, and after being applied a roller should be passed over all up to axilla. Traction of course should be made before putting on splints. The forearm is carried across the

chest and supported by a sling. The angle of the long splint should be changed from time to time to prevent ankylosis of the elbow joint. The healing of the bones will be hastened by the internal administration of *Symphytum*, *Cal. carb.*, *Arnica*, *Acon.*, *Ruta*, *Mezereum*, *Lach.*, *China*, *Arsen.*, according to indications.

7. Diagnosis and treatment of fracture of radius and ulna middle third.

Diagnosis.—Preternatural mobility; crepitus; end of broken bone often felt under the muscles; forearm bent; pronation and supination lost; lower fragment drawn upward, forward or backward, and the bones are drawn together by the pronator quadratus muscles; great pain; infiltration of blood into cellular tissue.

Treatment.—Bathe the arm and put the bones in place; no bandage necessary beneath splints; only two splints reaching from the condyles of the humerus to ends of fingers required. The splints should be wider than the arm and well padded, forming a spine along their center to keep the bones apart. Having put the splints upon the arm, one in front and the other behind, a roller should be passed around them, and the palm of the hand brought up next to the body with the thumb in a vertical position. A lotion of *Arnica* or *Hypericum* should be applied externally, and the indicated remedy administered internally. A sling should be brought around the neck and down over the whole forearm,

8. Diagnosis and treatment of fracture of fibula, lower third. Potts fracture.

Diagnosis.—Foot everted; crepitus by rotation; fragment displaced inward toward tibia. By running the finger along the fibula, a discontinuity of the bone is perceptible; foot can be everted far more than in normal state; heel often elevated by the muscles of the calf.

Treatment.—Put the foot "in situ" so that the big toe and inner side of the patella will be in the same line; then apply Dupuytren's dressing, which consists of a long splint reaching from above the knee to below the foot on the inner side of the leg. The splint should be padded with cotton,

filling up the inequalities. Fasten the splint above the knee; then begin at lower end and pass a roller around the foot, and continue up just a little above the outer malleolus, just enough to press on lower end of fibula, so as to bring out the fractured end of the fibula even with the upper fragment.

To hasten healing of bone give *Symphytum*, *Calc. carb.*, and *Ruta*; for inflammation, *Acon.* and *Bell.*, as indicated; for bruises, *Arnica*, *Hypericum*, etc.

For T. E. A.—In the February No. of the Advance, page 102, a case of headache, followed by deafness, blindness, impaired articulation, twitching of the recti oculorum, dilated pupils, etc., is described. It read very much as would a case of hæmorrhage or meningeal inflammation, or both, or even a tumor, at the base of the brain, and involving the trunks of the second, third, auditory, and hypoglossal nerves. An ophthalmoscopic examination might greatly aid in the diagnosis; also, urinary tests.

The original allopathic treatment probably included *Quinine*, in large doses. I have witnessed similar symptoms after fever, treated by that drug, used during the heat.

Quinine, in high potency, and other antidotes to the crude drug, offer the best prospect of cure. The prognosis is, in my judgment, very doubtful; but as the patient is yet young, and the symptoms are unsteady, most of the trouble may, with great care, be made to yield.—J. C. Morgan.

To assist the well-meant endeavors of the humane and benevolent in relieving distress; to eradicate dangerous and hurtful prejudices; to guard the ignorant and credulous against fraud and imposition, and to show men what is in their own power, both with regard to the prevention and cure of diseases, are certainly objects worthy of the physician's attention.

Nurses who deal much in medicine are always to be suspected. They trust to it and neglect their duty. Says an old physician, "I never knew a good nurse who had her elixirs, cordials and sleeping drops always on hand. Such generally imagine that a dose of some of these will make up for all defects in food, air, exercise and cleanlines."

Spinal Curvatures and Spinal Diseases, and their Mechanical Treatment. By E. C. Franklin, M. D., Professor of Surgery, University of Michigan.

Abstract of "Spinal Curvature" cases treated mechanically at the homœopathic department of the University of Michigan, during the past years, with initials of patient, age, condition, variety of curvature, treatment, and result, in each case. The remedies employed were largely constitutional in all cases where cachectic peculiarities were observed during the first stage, and the "indicated remedies" in the second and third stages. It may be here remarked that "indicated remedies" always act more promptly and satisfactorily after a favorable impression has been made on the disease by the constitutional medicines. I have often witnessed the most beneficial results to follow vital increase; while no remedies seemed to produce any decided relief, until restoration of the constitutional powers to a more or less positive degree had taken place. This is in accordance with the view I take of the disease, which differs so widely from that of my illustrious predecessor, Prof. Sayre, and I believe that subsequent treatment and observation will fully indorse the views I hold touching the predisposing cause of this disease, which I hold to be constitutional in all cases, save those of traumatism; these differ very materially from those of systemic cachexy, in symptoms, and pathology, and treatment. I propose, at no distant day, to point out specifically the differentation between these diseases, so that no one who has given this subject any thought and reflection can be mistaken in diagnosis. In a large majority of the following cases no traumatic origin could be detected during the most searching examination. In a few, traumatism seemed to be the exciting cause, while in three well marked instances traumatism was unquestionably the all absorbing cause, there being little or no constitutional defect. These three cases yielded most admirably to the "indicated remedy," and progressed rapidly to a satisfactory recovery.

No.	Name.	Age.	Previous Condition.	Variety.	Treatment.	Result.
1	Ada A...	5	Healthy	Ant. post.....	Jacket & art. spine.....	Improved
2	Hattie L	9	Delicate	" " & lat.	Do.....	Cured.
3	Frank G.	20	Healthy	" "	Do.....	"
4	Sarah H.	18	"	Lateral	Jacket.....	Improved.
5	Anna A.	9	Tubercular...	Ant. post.....	" & spine	"
6	Miss H...	13	Healthy	Lateral.....	" "	Cured.
7	Eddie N.	8	Strumous... ...	Ant.post.& lat	"	Impr'vmt, still under treat.
8	J. S.....	9	Tubercular...	" "	" & spine	Improved.
9	M. H.....	8	" ...	" "	"	Imprv. contin.
10	James P.	7	Ap'ly healthy	" "	"	Improved.
11	Jennie S.	10	" "	" "	"	"
12	Miss H...	11	Strumous	Lateral	"	"
13	H. L. W.	13	"	"	"	"
14	Jennie T.	14	Delicate	"	"	"
15	C. H.....	4	"	Ant. post.....	"	Improving.
16	May W..	8	"	" "	" & spine	"
17	Miss S....	15	Ap'ly healthy	Lateral	"	Cured.
18	Lillie M.	14	" "	"	"	"
19	Miss T...	11	Strumous	Ant. post.....	"	Imprv'ng, still under treat.
20	Lucy H..	9	"	" "	"	Improving.
21	Miss B...	13	Ap'ly healthy	Lateral	"	Cured.
22	Miss M...	14	" "	"	"	"
23	Jennie L.	7	Strumous	Ant. post.....	" & art. spine	Improving.
24	Edith W.	11	Tubercular...	" "	Jacket	"
25	Miss A...	6	"	" "	"	"
26	Miss H..	9	Strumous	Lateral	" & art. spine	"
27	JohnieG.	7	"	Ant. post.....	Do.....	"
28	Lottie S.	16	Healthy	Lateral	Jacket.....	Cured.
29	Lizzie P.	18	"	"	"	Improving.
30	Nellie H.	9	Strumous	Ant. post.....	" & art. spine	"
31	Miss D...	12	Tubercular...	" " & lat.	Jacket .....,	"
32	J. H.....	7	Strumous	" "	" & spine	Cured.
33	W. M.....	14	Ap'ly healthy	Lateral	"	Improving.
34	Lizzie S..	12	" "	"	"	Cured.
35	Eliza B..	14	Tubercular...	Ant. post.....	"	Much imprv'd
36	Thos. L..	12	" ...	" "	" & art. spine	" "
37	Eddie S..	10	Ap'ly healthy	Lateral	Jacket.....	" "
38	Kate M..	12	Healthy	Ant. post.....	"	Improvement.
39	H. N.....	8	Strumous	Lateral	"	Cured.
40	Miss C...	15	Healthy	Ant. post.....	" & spine	Improving.
41	Bennie S.	13	Strumous	" "	" "	"

The Influences Affecting Child-life and Health.

A Chicago paper reports the following from a paper read by Dr. T. C. Duncan, before "The Mothers' Society," at a recent meeting:

Procreaton is a divine instinct, yet there are misanthropes who object to the command "Be ye fruitful." The perpetuity of the species is a noble work. One of the saddest pages of history is that so many noble families' names have been lost. The catalogue of the diseases that interfere with bearing healthy children are very few indeed. Physicians are often met with the taunt: "Having children makes business for you?" The general observation is that it is those who don't, or won't, have children who keep physicians busy. Pregnancy cures many diseases. Many young couples are frightend at the magnified dangers and perils of childbirth. The advance of knowledge of the physician's art has rendered childbirth comparatively easy. The conclusions of those who have studied the subject most is, that if the food is proper, the digestion vigorous, with rational managemant a healthy child may be born by those who are sadly diseased, even by consumption. The best mothers are the methodical ones, who can work without much worry. Worry is one of the causes of the many nervous, restless children of to-day. It is this mental bias that interferes with development and health, and tends to shorten life. There are those who would advise unfortunate girls, who, through misplaced confidence, find themselves in the realms of motherhood, to commit the worst crime in the catalogue of murderous deeds. One can not but admire the heroism of such an one clinging to the life of her child. The one impression that will most prominently influence its future actions will be indomitable perseverance. Most of the cases of infantile deformity occur from lack of nutrition, and particularly the lime salts. For the first few months mothers should eat food rich in bone and muscle material; after that the food may be more varied. The mutual understanding between the parents should be such that each

can bear the other's burdens. The happiest couples are those who appreciate jests passed upon each other. A good laugh is a wonderful healthy diversion, and helps wonderfully to smooth out the wrinkles of every-day life. There are and ever will be childless mothers. The large proportion of them, even among our foreign-born people, is noteworthy. That it has some relation to the so-called American disease—dyspepsia—is evident to those who have studied the subject. The dry air, changeable seasons, and insufficient diet so interfere with development that parenthood is often impossible.

There are physicians high in authority who question the fact of any impressions reaching the child before birth. A well-authenticated case is reported of a mother who was severely burned, and two days afterward her premature still-born child showed the same marks on the corresponding portions of its body. The case decides the question of antenatal influences beyond all controversy.

Another case of influences affecting children was related. A mother had three children as unlike as possible in taste and physique. The oldest was born while the father, a young minister, was struggling to collect a library. This boy is now a man, tall and spare, and of an intellectual mold. His chosen occupation is that of an editor. The next child was born while the mother was in feeble health. Her home was then in a picturesque spot among the White Mountains. This son, frail and small, was an artist from birth. The third son, born as they were about retiring to a farm life, is a model farmer, active and strong of muscle. These children bear the imprint of the mother's varied life. Strange to say, the father's health was poorer when the last and most vigorous son was born. The Greeks and Spartans were wise in placing about mothers objects of culture and heroism. They were firm believers in the idea of the power of impressions.

There is an idea prevalent among some mothers that they must eat for two. If digestion is active there is danger of inducing gastric catarrh by overeating. When this form of stomach trouble is transmitted, as it usually is, the child will have constant craving, colic, sleeplessness, and prolonged suf-

fering. In nursing, the danger to the child is from careless feeding by the mother. Some think they can eat anything, as usual. Others are over particular, and do not eat sufficient to produce healthy milk. The most harmful practice of mothers is to partake freely of stimulants, ranging all the way from tea to porter.

Just what kind of food she should use will depend upon the development of the child and her own physique. One of the most hurtful influences from which children suffer is the attempt to make one kind of food agree with all babies. Children are not sausages, to be stuffed with anything. They have individual needs that should be understood and satisfied. The great mortality from infantile convulsions in Europe, particularly in England, is believed to be due to the practice of stuffing babies. During the year 1868 there were 23,198 deaths from convulsions in England, or one out of every thirty-four children born. The rate in Scotland was much less, owing to the fact that the Scotch wisely give babies nothing but the mother's milk. On the question of dress there needs to be great reform. Judging by the infant's need, the swaddling bands of the past and the long skirts of the present are the most uncomfortable dress possible. Binding the infant's body up tight is a fruitful cause of convulsions. The child should be protected from cold, and the clothing should be of the softest description.

Children should be healthy, happy, and obedient, and at no time is self-control more necessary than with the mother while nursing. Anger often sours the milk, making it a deadly poison. The mother should avoid such influences.

It is quite common in this country to have church-yards in the midst of cities and populous towns. Whatever gave rise to such a custom it is a bad one. It is habit only that reconciles us to these things. Certain it is, that thousands of putrid bodies so near the surface of the earth, in a place where the air is confined, can not fail to taint it, and such air if breathed into the lungs must occasion disease.

Pulte College. Graduating Exercises.

The graduating exercises of Pulte Medical College were held in College Hall, March 2d, 1881. The large hall was completely filled by the friends of the students and Homœopathy. The exercises were such as only satisfied the friends of intellectual growth; music was omitted, and the two hours filled with addresses, and the awarding of prizes and diplomas. The graduating class was composed of forty-one members, the largest class the college ever sent forth on one occasion. The members were a credit to the school and better never went from the hall. There were three lady graduates, the first ever permitted to go forth from Pulte. The prizes were awarded to F. P. Green and W. Y. Mackenzie, each a gold medal. The faculty had offered a single gold medal for highest per centage in all studies, but these students were equal in both written and verbal examinations, and the faculty were not able to decide that either surpassed the other, and awarded the two medals. The clinical prizes were awarded to H. J. Needham, J. W. Vance and A. N. Logan. The following are the names of the class:

R. H. Baker, L. S. Barnes, A. M. Countryman, M. R. Cullison, W. P. Cutler, A. L. Davis, C. G. Fletcher, H. E. Foster, F. P. Green, J. A. Haerr, S. A. Hageman, W. G. Hier, A. F. Huddleston, J. H. Jackson, M. R. Jamison, C. E. Johnson, R. L. King, A. N. Logan, W. Y. Mackenzie, C. P. Meredith, P. B. Morgan, E. O. Nash, H. J. Needham, Miss S. C. O'Keefe, D. R. Overman, C. A. Pauly, G. E. Pugh, C. M. Pickett, C. T. Riley, F. H. Robinson, S. B. Robinson, C. M. Rorer, F. W. Scheib, T. A. Shane, S. E. Simmons, W. I. Stark, Mrs. M. N. Street, Mrs. M. J. Taylor, A. L. Trabue, J. W. Vance, A. J. Wesco.

After the graduating exercises the faculty, students and invited friends partook of an elegant banquet. Prof. C. D. Crank acted as toast master, and offered the following toasts: Samuel Hahnemann, no response; Pulte College, responded to by J. P. Epply; The Graduating Class, H. J. Needham;

The Ladies, Mrs. M. N. Street; The Under-Graduates, E. P. Lanthum; The Alumni, C. A. Quirell; The Clergyman and Physician in their highest use the best friends of man, Rev. John Goddard; the Homœopathic Free Dispensary, Wm. Owens.

The Homœopathic Hospital College

Has completed another collegiate year, and presented to suffering humanity another worthy class of graduates. The cold weather did not freeze out the enthusiasm of teachers or students, and the past session may be recorded as the most successful term, in every particular, the college has ever enjoyed. There were one hundred and thirty-four matriculants, of whom forty-three complied with the requirements for graduation. The following are the graduates:

E. T. Allen, A. B., C. M. Baldwin, B. S., E. D. Bottorf, W. K. Barton, Mrs. A. E. Burroughs, R. Buckingham, H. R. Chesbro, Jennie R. Culp, Joseph W. Cook, J. M. Douds, J. F. Elliott, M. O. Edgerton, E. B. Emory, R. G. Finlay, A. D. Flagg, C. F. Ginn, Morris H. Goodrich, H. Seth Gardner, O. P. Griggs, R. Hanks, J. R. Hooper, A. S. Haden, C. W. Johnson, S. L. King, Miss H. L. Kent, O. A. Lyon, B. S., E. H. Lathrop, Frank Miller, Allen Y. Moore, Wm. L. Miller, J. O. Morrow, W. E. Putnam, E. C. Quinby, W. E. Roper, G. W. Rhonehouse, Albert R. Smith, C. E. Sawyer, J. G. Seiter, Elmer L. Styles, J. Arthur Stephens, M. M. Schetle, Tyson Smith, J. C. Shaw, G. Tell, J. A. Thompson.

The diploma of honor was granted to Dr. J. Arthur Stephens, Cleveland, O. The first clinical prize, twenty dollars in gold, was awarded to Mr. M. W. Manahan, Norwalk, O. The second clinical prize, ten dollars in gold, was

awarded to Dr. J. W. Cook, Buffalo, N. Y. The Sanders prize, a complete set of obstetric instruments, was presented to Dr. W. E. Newton, Port Clinton, O. The Jones prize, twenty-five dollars, was presented to Dr. J. A. Thompson, McComb, O.

The commencement exercises were enlivened by music, rendered by the Germania Orchestra, while the profusion of floral tributes showered upon the "boys" filled the air with fragrance, and seemed an augury of what may be expected of them.

The Hahnemann Society gave an unusually creditable entertainment. The salutatory was delivered by Dr. E. T. Allen; the valedictory, by Dr. Ginn. The Society's diploma was conferred upon those graduates of the college who had attended two courses of the Hahnemann quiz.

The Alumni Association gathered somewhat of itself together, and sought instruction in the presentation of clinics, discussions, and in listening to an admirable address by Prof. T. P. Wilson.

The banquet was a "square meal" complimentary to the alumni and the profession in the city, and gave evidence of being the right thing in the right place.

Correspondence.

Mr Editor:—"Ohio is the home of great men." This truism stands in no fear of successful contradiction from you, owing to your fortunate birth and previous residence. This saying has come to be a proverb over this goodly land; but heretofore has reference only to political wisdom. The time has come when this great commonweath must be recognized

great in all departments of life. Apropos, I wish to call attention to the fact that a new departure in medicine has occurred here in the Western Reserve, this pocket edition of New England. A few weeks since a medical association was formed at Elyria, O., consisting of members of the allopathic and homœopathic schools. Their declarations, constitutions and by-laws are not at hand; hence can not give you the "true inwardness" of the move, but venture to predict, that, if the little sprinkling of homœopaths that appears in the organization has a half a chance they will leaven the whole lump in a short time. But to return to my text, "Ohio is the home of great men" It appears in this; these Ohio Æsculapians are the first, to my knowledge, who, as representative men in Allopathy, dare to come out in numbers and inquire, honestly, can any good thing come out of Homœopathy? In the face of organized bigotry, under menace of the American Medical Association they have exhibited a greatness of character that makes them worthy members of our beneficent profession. The homœopathic element of this combination needs no eulogy. They are only acting in harmony with the character of reform that is branded on every homœopath. The disciple of Hahnemann, every where, with his pretentions of reform, is on the giving hand, ready to communicate, and, possessed as he is, with an overwhelming consciousness of being in the right, he is constantly under the stimulus of missionary impulse. The time was when it was heroic to be a homœopath. It is not now, nor is it heroic to intermingle with the Gentiles, but it is heroic for a "regular" to face the obloquy of the associations and the colleges of his practice. May the worthy example I have called your attention to be duplicated in all parts of the the country.—E. H. P.

MANY of the medical profession are no doubt worthy of all the confidence that can be reposed in them, but as this can never be the character of every individual in any profession it would certainly be for the safety as well as the honor of mankind, to have some check upon the conduct of those to whom they intrust so valuable a treasure as health.

Address. By Rev. John Goddard, at the Graduating Exercises of Pulte Medical College, March 2, 1881.

Members of the Graduating Class:—It seems to be a time-honored custom of this institution to call upon a representative of religion to address those who have finished their preliminary studies, and who are about going forth into the serious work of life. I know not whence this custom arises, unless from the recognition of the propriety of some one bidding them God-speed.

In this, our changing age, some of the good old customs have passed away. The words which express our faith in Deity, and invoke the blessing of heaven upon one another, are rarely heard among us, save on those occasions when the heart is stirred to its depths. We Americans seldom say even "Good bye" in its true sense of "God be with you," unless we are about to be separated from the friends of our hearts, and for a long season. The representative of the church, then, is called upon, be he ever so great a stranger. Somebody should say, "God be with you," "God-speed you," "God bless you," and I am here to say it as best I can.

Your work in the school is done. Your experimental season is finished. Your instructors will testify to your proficiency in the varied branches of your college course, and you are about to receive the usual diploma. You are doubtless looking forward, in a spirit of zeal and hope and earnestness proportioned to your inborn love of the profession, and your faithfulness in your preliminary work, to the higher field of responsibility now opening before you. You can not have too high an aim. For while you will never attain a perfect standard, the effort to attain it will be an incentive to exertion, a rebuke to indifference, a light to cheer. What shall your watchword be? What light shall you keep in your eye, to guide you in a straightforward and successful course? How shall we sum up in one word the truth that will guide you on to the desired goal? Some of you are believers in revealed religion. Some of you, perhaps, are not. For from

old time, if Sir Thomas Browne is to be believed, physicians have been wont to be sceptical. Is there, then, any common ground on which you all can stand? Is there any message from the lips of a representative of the church to which you can all listen, and by which you can all profit. On intellectual points of faith we may differ. This must always be. The city New Jerusalem has twelve gates, opening to every quarter of the compass. Some come into it from the east, some from the west, some from the north, and some from the south. There is absolute truth, but no one of us can see it all. There is an absolute rainbow in the sky, when the sun shines and the rain falls. But no one sees any but a small portion of it. The absolute rainbow fills the whole space occupied by sun and shower. Each one sees a manifestation of the whole, but not the whole. But there is a common ground on which all the well disposed can stand. Let me illustrate: The heat rays, and light rays, and chemical rays of the sun are all contained in the one golden ray, which calls us forth to our work and to our labor. The infinite variety of human minds are embodied in a similar physical organism. If you have made a thorough study of the anatomy of one body, you know the general anatomy of all. All religious denominations, differing in intellectual matters, may unite in the one broad work of charity. So in your profession, as in all occupations, there is a broad and common basis—a platform on which you all can stand—a creed you all can utter—the real, the tangible thing of use to those to whom you are called upon to minister. And if this thought of use, as an end, as a motive, has the power to inspire you at all, it will inspire you with the spirit, as I believe, of God himself, and in endeavoring to impress it upon you as a motive, in the few moments which are allotted me, I believe I am bidding you the best possible God-speed, and uttering the truest prayer for your success in your chosen work.

For, in order to be faithful to this idea of use to your fellow beings, you will necessarily keep before you the highest possible standard, not only of that knowledge which pertains to your profession, but of morality as well. Knowledge, allied

to character, is the royal road to usefulness in your peculiar calling; and usefulness is the direct road to a true success. I say, a true success; for although there may be instances where shrewdness, and showiness, and other external qualities have brought pecuniary profit to their possessors, they have not brought that peace of mind, that contentment of spirit, that reward of a good conscience, which alone can give to the possession of wealth any real value. I believe that in a thorough devotion to our chosen work, from the end or motive of use, we find the greatest of all rewards. I believe that this will most effectually build up a true manhood, in the image and likeness of its Creator; that it will fill this life with sweet content, remove the sting of death, and furnish the truest preparation for the continued existence after this earthly tabernacle shall have returned to its dust.

The first requisite to a physician's usefulness is adequate knowledge—knowledge of the human body, both in health and disease, knowledge of hygiene, knowledge of remedies, and their application, and above all, a knowledge of the human mind. A field so broad as to be discouraging to any candid student, if he felt that he was required to be perfect in all, and suggesting the inquiry whether the time is not approaching for various specialties to be encouraged and provided for by the different colleges of medicine. Meanwhile, it is a pleasant thought that the mind of the enthusiastic student is gifted with a faculty belonging to no one but an enthusiast, of gathering in truth, by a sort of instinct, and of rejecting what is false. The love of man for woman, or of woman for man, is not the only love which laughs at bolts and bars. Love is stronger than intellect. Devotion is greater than physical strength, and the higher the motive, the keener is the perception. All realms of mind are open to it. It gathers in, unbeknown, perhaps, to itself, a capacity to see below the surface of things, to detect the ring of the true metal, and to waste little time on shallow theories. The spirit of usefulness will be quickened to discover ways and means of usefulness, which all others, not thus inspired, must fail to find.

Moreover, need I say, that this idea of devotion, of love, implies that its possessor has risen above the ordinary weaknesses of humanity. If his enthusiasm is genuine, he has made up his mind to put them under his feet. Let once the shadow of a suspicion be aroused as to the moral integrity of one who is called to do the confidential and almost sacred intimacies of the medical adviser, then farewell to his extended usefulness, and of course, to his success. He should avoid even the appearance of evil.

The idea of use, again, involves faithfulness to individual cases, rich or poor. Here must be the greatest temptation to the physician—to neglect the poor. As he comes into their ill-ventilated, barren homes, where perhaps the air is loaded with disease germs, and where no prospect of adequate remuneration for his work awaits him, how easy to forget the spirit of his calling! Far removed from the power of criticism, no eye but the Omniscient eye can see his unfaithfulness. Let me implore you to hold aloft the perfect standard of truthfulness of spirit, and whatever you attempt or agree to do, do it with your might. He that is faithful in that which is least, is the one who is faithful. Religious principle, philosophy, experience of self-interest, all prescribe thoroughly as the only true course. If you start out in your career with the resolve to give your best thought to every case that comes before you, because it is the only honest method, it will be an unfailing source of power through life. You will stand upon a solid basis. The selfish inertia will have been overcome, and it will require but a small effort to keep your good resolution in motion. The habit of thoroughness will have been formed, and will remain. And if any are incapable of being moved by such a motive, let them bear in mind that it is also the path to success. Although the faithless diagnosis and prescription may never be detected, the spirit of it will pursue you ever after, and will breed dullness of perception, carelessness, indifferenee, and error, which will be seen and known, not only by God, but felt, if not known, by men. And when the feeling goes abroad that the patient can not be sure of your best intelligence and counsel, you have lost that which you never can regain.

Again, may I suggest that the true physician should earn his title of "Doctor." This word, of course, means "teacher." Why should this title be bestowed upon the physician? My answer to this has been that the work of a physician is not only that of a healer of disease, but of a preventer of disease —a teacher of the laws of health. From the standpoint of science, many of the ills under which mankind is suffering may be averted. The modern system of education embodies many false ideas. Herbert Spencer has clearly shown how it tends to burden and retard the growth of true mentality by feeding the youthful and sensuous mind on dead abstractions, and neglecting to supply it with those simple and useful knowledges which would tend to produce a sound mind in a sound body. Physiology and hygiene are among these useful branches, and should be taught in a living way, and by those to whom they are living sciences. And in this way they can scarcely be taught, save by those who have received a thorough medical education, and who are also imbued with something of a true enthusiasm. Would that we might have classes for the young, where the much needed knowledge respecting the laws of health might be simply and intelligently imparted, and physicians become "doctors," or teachers, in fact. Some day this dream may be realized. But meanwhile it remains for physicians to do what they can in their respective spheres to prevent disease. To be able to heal is noble; but to prevent suffering is nobler still. You may not, you can not, realize the result of such work. When Napoleon desired a certain surgeon to administer a fatal anodyne to some of his own soldiers in hospital, to prevent their falling into the savage hands of Mahommedan soldiers, the much admired reply came, "My profession is to cure, not to kill." But as "an ounce of prevention is worth a pound of cure," so is it nobler to ward off the weapon than to bind up the wound. And according to the nobility of your use, done in principle, will in the end be your reward. So will God speed you, nor will He forget that you have need of food, raiment, and shelter. From the lips of one wiser than all of us came this counsel: "Seek ye first the kingdom of God and

His righteousness, and all these things shall be added unto you."

Again, (but it may be a superfluous thought) the physician should be as far as possible, a person of general culture. All truth comes in play. As well must you minister to the diseased mind as to the diseased body. The physical frame, no doubt, has a life which may in a sense, be called its o*w*n—in the sense that the lower nerve centers have an individuality apart from the brain; but the mind exerts a powerful influence upon the body. It is a question, indeed, whether most diseases do not originate there; and if so, may not the failure to cure, in many instances, arise from the failure to arouse the will to resist the cause; and the medical attendant who is well furnished in mental acquirements, not omitting the homely and the practical, and who thus can sympathize with all classes of people, and thus gain their confidence, will be able to administer to his patient's mind, and through that, to the body. Thus will he be able to impart cheerfulness, inspire hope, and lead on to lasting cure. Then too, will the cultivation of the mind be a rest from the oftentimes trying duties of your profession, and an unfailing source of recreation. The whole organism will give way under the constant overwork of a few muscles, whereas it will flourish if the same or even a much greater amount of exertion be divided among them all. So must it be with the mechanism of the brain Your own health, as well as your own sphere of usefulness, will be enhanced by a constant interest in the best thoughts and deeds of the wise and good, as well as in the discoveries of science, with their practical applications to the every day needs of every day people.

Again: the physician who is destined to be useful must have faith in his system. He must have convictions, and be true to them, nor be turned aside by the shallow ridicule of materialistic minds. If the law of "similia similibus" be true; if it has become to you a thing of intelligent conviction, then be true to it. If you have seen bad symptoms repeatedly disappear under the administration of the 200th or the 2000 decimal, you have reason to feel confidence in your

law, altho' you can not understand the why or wherefore. Of course, if, by original investigation, you can go back of symptoms to their causes, it will be a gain to science; for the sight of two eyes is better than the sight of one. Meanwhile, be faithful to the law, and patient with your own imperfect knowledge of it.

I commend to you, then, the high purpose of use to your suffering fellow beings, and I also commend industry, and zeal, and faithfulness to all alike, be they rich or poor, and a willingness to avert disease, as well as cure it wherever opportunity offers to do so by your counsel or advice; and finally of intelligent confidence in your remedies and your law of cure born of patient observation. Above all, be true to your noblest revelations, and resolved to put under your feet everything that defileth body or soul, whatsoever is at enmity with the love of the race, whatsoever breeds narrowness or jealousy of each other, whatsoever is false or untrue, and cherish all that is just, generous, forgiving, peaceable and of good report.

You are called to a life, not of ease, but of labor; not of selfish enjoyment, but of self-sacrifice. But self-denial here, as everywhere, will bring in its own exceeding great reward. As in all useful work, you will find in your occupation that the Divine law will be indicated: "He that loseth his life shall find it." God speed you in life, and sustain you in death, and bless you in the everlasting future.

Gilman on Senile Hypertrophy of the Prostate.

The above contribution in January number, is, in the main, a well written article. But it does not follow that the reader can learn anything useful from reading it. Indeed, it seems a fair specimen of that sort of medical literature which is so

popular in certain quarters. On the morbid anatomy side it appears oppressively learned. But when we have waded through it all, and drop down on the sage conclusion of the writer that "injections of *Hydrastis tea* is also beneficial," we feel as though the bottom had fallen out, and probably carried the prostate with it. It is when we come to treatment that we test the writer's pathology as practical material. This branch of the subject he has studied, no doubt. He pays a fine tribute to the old school method. He finds they are not the allopathists we take them to be, but are of the "physiological school." Are they, indeed! And then of the agents they use, he says: "They often tend to reduce the enlargement by absorbing, and often lessen the pain if nothing more." Contrast this statement with what the writer says of the homeopathic treatment in such cases and you see how inadequately he has studied scientific therapeutics. It is a pitiable showing indeed. Surely the ADVANCE would not endorse such a dose, even when dressed up in the deceptive and pretentious garments of pathology. This is the problem: Given a large amount of morbid anatomy and symptomatology, what is the remedy? Answer: *Hydrastis tea* for an injection. O impotent conclusion! CANDOR.

Book Notices.

How to See with the Microscope. By J. Edwards Smith, M. D. Chicago, Duncan Bros. Pp. 404.

This work by our esteemed colleague is sure to arrest public attention. It is emphatically a book for the times—the times in question being a very general tendency on the part of nearly everybody to go into microscopy. Well, everybody in question will wish to

know how to see with the instrument after they have one. Prof. Smith, however, and very properly, gives the fullest preliminary information upon the subject of purchasing the right sort of an instrument. This is all important, we mean in the matter of a stand. After that comes a colloquial dissertation upon eye pieces and objectives, the reading of which has tired us out and completely bewildered what little intelligence we may have had. We are not, however, discouraged. There are so many interesting accounts in the book of the failures and final triumphs of novices, that one would be quite heartless not to take heart at the examples given. Prof. Smith is well known to have in his writing a style peculiarly his own. His book is full of things said as no one else could have said them. This gives zest to his productions, and will cause his statements to be more easily remembered. Among specialists in microscopy it is possible Prof. Smith's book might not pass unchallenged, but it will be eagerly sought after by those who want a square look at the practical side of the many questions that belong to this subject. The publishers have gotten out the book in excellent shape, and we prophesy a rapid exhaustion of the present edition.

Therapeutic Key, or practical Guide for the Homœopathic Treatment of Diseases in General. By I. D. Johnson, M. D. Tenth edition, revised, improved and enlarged. Boericke & Tafel, New York.

Perhaps no book is better known to the homœopathic profession than Johnson's Therapeutic Key. It is the *vade mecum* of all our students in the clinical room; and well it may be, for it is the most compact and comprehensive book of the kind we have in our literature. It needs no praise or commendation of any sort at our hands. There may be students, however, that do not know its value, and to all such we say, invest in Johnson's Key.

A Manual of Diseases of the Throat and Nose. By Frank Huntington Bosworth, A. M., M. D., etc. Wm. Wood & Co., New York. Pp. 427.

This author says he has had an experience of nearly ten years in the above diseases, chiefly in "Bellevue clinic for diseases of the throat." He claims to have written "with candor and fidelity," (to what?), and we may add for him that he has written with enthusiasm and vengeance. He is certainly an interesting writer, and is not miserly of words or illustrations. Of the latter 175 are furnished, which is a

liberal supply. He discusses very fully the various diseases of the larynx and nose. In the matter of describing tissue changes of those parts he has perhaps left little to be said. But after carefully reading many chapters, we are struck with two curious facts: first, that an important element, or we may say two important elements, of the pathology of these diseases, are almost wholly omitted, viz. subjective and concomitant symptoms. The author, who kindly sent us his book with a personal note, if he reads these words, will no doubt wonder what we mean. We mean he has forgotten to include the more important parts of his pathology. If he will study homœopathic pathology he will easily grasp our meaning. And this naturally leads to the second point, which is, that he treats all these diseases, chiefly as though they were also local affairs. Could any thing be more erroneous? We do occasionally stumble upon cod liver oil (food), and iron (a tonic), and upon *Mercury* in syphilitic conditions, but these are all lost sight of in the major practice of local treatment. The author presents a bewildering list of formulæ, with not one positive indication for a single formula. In one instance he throws in a page of variously combined remedies—eight or ten prescriptions in all, and kindly informs the reader that "resort may be had to one of the following" There seems no good reason why these might not all be combined in one, for a little further on he gives a formula or two in each of which are just ten different drugs. And this after so much has been said against polypharmacy! This is counted science—this which Sangrado long ago condemned to everlasting contempt, and which Mallier hopelessly transfixed with his pitiless sarcasm. Speaking of Sangrado, we light upon this on page 115; says the author: "I have never had the moral courage in the face of popular prejudice, existing in our day, against this procedure (blood-letting) to put it in practice; it seems to me that it would not only be a justifiable measure, but it would be attended with most excellent results in curtailing the severity of the attack, and possibly averting it." This is a small window but it lets in a deal of light. Why should a man boast of his "almost ten years experience," at Bellevue or any where else, when he shows himself destitute of the highest attribute of a physician? What progress can he make who is so hopelessly handicapped? If he felt it to be true that homœopathic treatment was every way better for these diseases, and that he could lay aside his harsh, heroic measures for a milder and more beneficent method, you see he would not dare to adopt it. Would he have us think his book was but a reflex of public opinion? Of course it is not—it is allopathic in the severest sense, and Dr. Bosworth's dictum is as

good as that of any man in his school. He even shows some originality within very narrow limits, but we sincerely pity him, bound as he is in his work, first by "popular prejudice," and secondly, by the authority of his school. The Doctor is a pleasing and earnest writer; it will pay to read his book, but as for his treatment it does not seem to be new, certainly not in principle, nor is it better or worse than may be found in other books in that school. The publishers have done their whole duty in getting out the work, and it gives us pleasure to add this to our library, and we cheerfully commend it to all our readers.

Ecce Medicus, or Hahnemann as a Man and a Physician, and the Lessons of his Life. By J. C. Burnett, M. D. London, Homœopathic Publishing Co. Pp. 164.

This lecture is the first of a series to be delivered, one each year, at the opening of the London School of Homœopathy. The selection of Dr. Burnett to deliver the present and the first of all, was a fortunate one. Probably no one in England could have brought more talent or intelligence and enthusiasm to bear upon the subject. It is altogether a masterly effort, worthy the author and the subject. We must, however, protest against the linguistic ornamentations(?) of the book. There is English, French, German and Latin in abundance, which serve to show the acquirements of the author, but the mixture of languages will effectually bar many persons from the enjoyment of the work. Fifty or a hundred years ago such was the fashion in this country, especially in respect to Latin. Now it is considered best to speak to English people in plain English. We are glad of the book, however, and hope it may be widely and carefully read. It is much needed even in our own ranks.

The Chemistry of Medicines. A Text and Reference Book for the use of Students, Physicians and Pharmacists. By J. U. Lloyd, etc. Published by the Author, Cincinnati. Pp. 451.

In this work we recognize the fruits of a practical chemist's observations. The author is a leading pharmacist, engaged in the production of medicines, and teacher of chemistry—and has occupied these positions for years past. His situation has brought him in contact with physicians and medical students, and enabled him to learn what their needs are. He fully recognizes the worthlessness of much teaching that is bestowed upon individuals attending medical schools, and how little many physicians know of chemistry, when they should know more than any other profession, save that of the chemist.

Much of the knowledge retained by medical men is not that best suited to their sphere of life. The author has presented more on the substances that are used by the physician, and the book truly merits the title, "Chemistry of Medicines." For most practitioners a work giving too much space to the consideration of such substances as *Bromobenzenesulphonic acid*, and substances prepared only in the chemist's laboratory as specimens of his skill, are a scare to the student, and prevent his entering upon the study of chemistry with any zest or practical benefit. We are pleased to say Dr. Lloyd has presented the subject in an attractive phase, and bespeak for his effort the appreciation of the medical profession. We wish he had recognized more fully the beauties of the metric system and shown them in the work. G.

Annals of the British Homœopathic Society and of the London Homœopathic Hospital. No. LI. August, 1880.

The present number contains a number of interesting articles. Dr. E. Williams opens with an article on Scarlatina, and reports a case treated which received in twenty-one days, thirteen different drugs. He says, "During many years I have used various applications, locally, either with brush, gargle or with *Nitrate of silver*, in solid form; with all have found difficulty for myself, great pain to the patient, and with not very satisfactory results." This is not a difficult statement to believe. All the allopathic doctors will coincide. The annual address of the president, Dr. R. E. Dudgeon, is certainly remarkable. If, as is well known, he be a leader, then British Homœopathy may thank its leaders, or such leadership for all it has to complain of. Dr. Dudgeon says he has advised, and will advise young practitioners not to avow their allegiance to the homœopathic school. Why? Because they will lose cast among the allopaths. But this is no sample of British honesty or intelligence. It is, however, a fair sample of the curse that has too long clung to the profession in that country. How soon would such a course pursued in this country reduce us to zero? The Review and the World, both good representatives of British Homœopathy, and in accord with many members of the British Homœopathic Society, bravely stand for the truth. We cordially wish the Society and the Hospital success.

Transactions of the Homœpathic Medical Society of the State of Pennsylvania. Sixteenth Annual Session, 1880.

Thanks to Secretary Caruthers, we are in possession of a splendid volume. It is not large, but it is full of good things. Certainly the

homœopathic profession of Pennsylvania is the peer of any in any state in this country. The members are energetic workers, and they know how to get up good papers, and then they know how to have them printed. We are unable, in justice, to mention any of the articles without mentioning all of them. The society of a neighboring state, under false advice, throws its articles to the wind, or what is nearly the same, gives them away, while the Pennsylvania Society wisely gathers up all, that none may be lost, and builds a monument to its lasting honor.

Soil and Water Pollutions of Indianapolis. By Moses T. Runnels, M. D., Indianapolis. Duncan Bros., Chicago.

This admirable treatise was, it is said, "presented to the American Public Health Association, at New Orleans, Dec. 7, 1880." It is now put into pamphlet form for public distribution. The effect of this publication in Indianapolis, we understand, was of the character of that following an explosion of nitro-glycerine. It will be well if it has some such result to stir up the people to a sense of their danger. Indianapolis may be proud of its talented and public spirited young doctor. Go on, brother Runnels. You are doing good work.

Editor's Table.

DR. G. C. MCDERMOTT has moved his office to 118 W. 7th street.

DR. FRANK T. BURCK, of Frederick, Md., has moved to 154 S. Centre street, Springfield O.

DR. J. F. EDGAR has moved to Lexington, Ky. Dr. W. E. Emery has moved to Columbus, O.

WANTED.—Good location, by an experienced homœopathic physician. Address B. B., care MEDICAL ADVANCE.

MR. T. F. CONBOY'S Patent Lip Vials are a great improvement over any vials formerly used. We can commend them to the profession.

IN OUR notice of Constantine Lippe's Repertory, we neglected to state that the work is printed by Bedell & Bro., 3d Ave., and 175th St., New York.

MR. J. H. WATSON has moved his cork emporium to No. 14 W. Pearl street. We have always found his corks satisfactory as to price and quality.

J. B. DODGE, M. D., of last year's class, University of Michigan, has just completed a special course in chemistry, and gone to locate in Fostoria, Ohio.

THE death of Dr. J. J. Whittington, Windsor, N. J., leaves a good field for a homœopathic physician. House, lot and office for sale. Address Mrs. J. J. Whittington, Windsor, N. J.

THE insertion of tubes through the mouth and trachea has been suggested as a substitute for tracheotomy, and for the prevention of suffocation, in cases where blood enters the mouth from surgical operations during the stage of anæsthesia.

THE following of Pulte's class of 1881, have selected for their locations: A. M. Countryman, Middletown, O.; D. R. Overman, Walnut Hills; W. P. Cutler, Covington, Ky.; Mrs. M. N. Street, C. A. Pauly, J. A. Haerr, Cincinnati; P. B. Morgan, College Hill.

THE Harvard Register. Published by Moses King, Cambridge, Mass. This excellent monthly is issued in splendid typographical style, contains much reading that will interest all, and more that will interest the alumni of Harvard University. Three dollars per annum.

UTERINE hemorrhage has been successfully checked by introducing a pledget of cotton into the os. Use a bougie and fasten cotton on end with thread; retain bougie in place by means of tape passing around thigh This method possesses some good features over the tampon.

NEW YORK Ophthalmic Hospital.—Report for the month ending January 31st, 1881: Number of prescriptions, 3499; new patients, 512; patients resident in the hospital, 22; average daily attendance, 140; largest daily attendance, 221.—CHAS. DEADY, M. D., Resident Surgeon.

A SIMPLE method to check hemorrhage from the brachial artery or the pulse is to hold the forearm in supination, and flexed at right angles with the arm; allow it to rest against the body, and press the body or arm against any object, or to lie upon the side with weight of body on arm.

WORLD'S Homœopathic Convention, 1876, Volume II, History. We are desired by the editor to state that the above book is completed, and has been sent out. If any one entitled to receive a copy has not done so, he will please to notify Dr. J. C. GUERNSEY, 1923 Chestnut street, Philadelphia, Pa.

THE American Pedological Society will meet in New York City, June 17th, the day before the meeting of the Institute. Further particulars will be given later. A grand time is anticipated, and we hope to show the world that homœopaths are the physicians for children.—E. CRANCH, Secretary, Erie, Pa.

THERAPEUTIC Force or Proofs of medicinal power beyond the limits of drug attenuation, as furnished by analogy from natural philosophy and physical science. By C. H. Lawton, M. D., Wilmington, Del. In this pamphlet of eight pages we have an able presentation of the truth pertaining to potentization. We wish all could read this brochure.

THE twelfth annual session of the Homœopathic Medical Society of the State of Michigan will be held in the City of Ann Arbor, on Tuesday and Wednesday, May 17 and 18, 1881. Our Society was never in a more prosperous condition, and we confidently look forward to one of the best and most interesting meetings ever held in the state. A cordial invitation is extended to the profession to meet with us.—R. B. HOUSE, Secretary.

DEAR DOCTOR: You are cordially invited to attend the seventeenth annual session of the Homœopathic Medical Society of Ohio, to be held in Toledo, May 10 and 11. The coming session promises to be one of the most interesting and profitable ever held by the Society, as we have the promise of a large number of papers from noted physicians of the state, and the prospect of a large attendance, not only from our own, but from neighboring states. Your presence is earnestly desired.—H. E. BEEBE, M. D., Secretary, Sidney, O.

THE fifth annual meeting of the Jackson County Homœopathic Medical Society of Physicians and Surgeons was held in Jackson, Mich., Jan. 18, President J. B. Tuttle in the chair. Officers were elected for the ensuing year: President, Wm. J. Calvert, Jackson; First Vice President, L. T. Van Horn, of Homer; Second Vice President, N. J. DuPuy, of Parma; Secretary and Treasurer, W. A. Gibson, Jackson. Delegates to the American Institute of Homœopathy, W. J. Calvert, L. M. Jones and W. A. Gibson; Delegates to the Michigan State Society, N. J. DuPuy, L. T. VanHorn and O. Q. Jones. Prof. E. C. Franklin, M. D., of the University, delivered a very able address on mammary tumors, and differentiating between cancerous and non-cancerous growths and their treatment. On motion, the meeting adjourned to July 19.—W. J. CALVERT, Secretary and Treasurer.

TORONTO Homœopathic Medical Association.—At a meeting of the registered homœopathic physicians of Toronto, held at the residence of Dr. Kippax, it was unanimously resolved to organize a homœopathic medical association, for the purpose of promoting the interests of Homœopathy and mutual improvement. Dr. J. R. Kippax was elected president; Dr. D. S. Oliphant, vice president; Dr. J. Adams, secretary, and Dr. J. F. Danter, treasurer. Dr. John Hall, Dr. H. Evans, and Dr. W. H. Howitt were elected members. Dr. Logan, of Ottawa, Drs. Husband and Vernon, of Hamilton, Dr. Henderson, of Strathroy, Dr. Morden, of London, Dr. J. S. Mitchell, of Chicago, Dr. H. F. Biggar, of Cleveland, Drs. T. P. Wilson and H. C. Allen, of Ann Arbor, and Dr. J. J. Lancaster, of Lon-

don, were elected honorary and corresponding members. The Association is to meet the second Tuesday in every month except June, July, and August, at the residences of the members in rotation.

BROOKLYN (N. Y.) DISPENSARY.—The annual report of the association gave ample evidence of the good work that is being accomplished, and showed that its affairs were in a prosperous condition. Dr. Eaton, who assumed the duties of physician in charge at the beginning of the present year, is eminently fitted for the office, and his administration will no doubt be followed by good results. His report to the board of trustees for the month of January is as follows:

Gentlemen:—The following exhibit of the work at our dispensary for the month of January, just now closed, is still a farther and appreciable proof of the patronage and favor we have enjoyed in years gone by. There has been an increase in attendance of 88 patients over our report for December, 1880. Summary,—Number of males, 260; number of females, 616; daily average, 35; total, 876.—J. Albro Eaton, M. D., Physician in Charge.

FŒTICIDE.—We clip the following precious morsel from a leading daily: "So infrequent has been the crime of abortion in this city, that the mere statement that such a case had occurred, has created quite a sensation among the medical profession. Taking the ideas of some of the very best members of the medical fraternity, in ———, it is found that not only would such practice meet with discouragement, but that the mere suspicion would ostracize any man from association with the leading practitioners. This is honorable alike to the profession, and to the members of it in this city. Prenatal murder is repugnant to them to such a degree that, (omitting all comment on the pending case), it would be sufficient to place the perpetrator outside the pale of professional courtesy and recognition." This is in the nature of condensed simplicity. It is about as deep as reporters often get into professional matters, especially the mysteries of medical practice. The scribe who penned this is more verdant than he thinks, or he is a prince in sarcasm. This latter we take him to be, for he lives in a town where fœticide or prenatal murder is an every-day practice; and some of the very doctors whom he or others might call among "the best members" of the profession are the men who keep their needles dripping in the blood of infants. The extent to which this is carried on would, if made known, appall the world. The extent to which "reputable physicians" are engaged in this hellish practice is not dreamed of even by inquisitorial reporters, and much less is it suspected by the public.

CINCINNATI MEDICAL ADVANCE

T. P. WILSON, M. D., EDITOR. ANN ARBOR, MICH.

J. P. GEPPERT, M. D., ASS'T EDITOR. CINCINNATI, O.

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ANOTHER FIASCO.—It is well to watch the progress of medical science as marked by the allopathic dial. But it is a hard task to say if it be going backward or forward. Just now we have occasion to be greatly amused at the new cancer cure. It can not surely have dropped out of the memory of any one, the hue and cry that was raised when *Cundurango* was introduced to the public. Mind you, it was the public who got the first full benefit of it, and the profession ran behind blubbering like a school boy after a delicious and promising slice of bread and molasses. Well, the bottom fell out of that and many distinguished gentlemen of the allopathic persuasion were obliged to sit down rather hard. There is nothing like that to discourage an allopath in his search after specifics. Still, after a while, the pain wears away, the wound heals, and then they make another race after their hoped for remedy. In two thousand years they have not found one; and we can easily guess how many more thousands of years will pass before they find their ideal specific. The latest notable discovery is credited to Prof. JOHN CLAY, of Queens Hospital, Birmingham, England. Last year he announced, with no small circumstance, that he had actually cured cancer with *Chian turpentine*. His cases were widely reported, and few medical journals failed to help on the swelling tide of hope and popularity. The weak point of the whole allopathic system is, that it requires a very slight amount of testimony to establish a mode of practice, or to incorporate a drug into its materia

medica. The dictum of one man is all that is needed. If he be noted as a teacher or writer, all he has to do is to say the word, and away it goes over the whole civilized world. If some New York, London or Paris professor should circumstantially set forth that cigar stubs were a specific for cancer, or phthisis pulmonalis, there would not be enough stubs found to supply the demand. Cigar stubs would be quoted in all the markets of the world, and a rapid rise in price would as surely follow. It would take about one year for the reaction to set in, and the cigar-stub-craze would not wholly subside for years. A year has passed since Prof. CLAY made known his great discovery. Already the bubble is being pricked. But in the meantime the stock of *Chian turpentine* is exhausted. All the drug stores have been ransacked and emptied of the precious material. The particular stock Dr. CLAY used had laid in the store for fifty years. Now comes the funny part. Other and numerous observers have tried *Chian turpentine* but without effect. The reason of their failure is simple enough. Says Dr. CLAY, the *Turpentine* must be fifty years old before it will do its work properly. A commission has gone abroad to procure a supply, and we must now wait a half century before we can prove or disprove Dr. CLAY'S statement. Meanwhile it is confidently asserted that there is nothing in it. Of course there is nothing in it as set forth by the honorable but deluded Professor. It would be contrary to all the past history of the allopathic school for any man in it to find a specific for a disease. It is an idle dream. Would it were no worse than that. But failures like this can not harm a school of medicine that lives and grows on such questionable fiascos. It passes so naturally from one craze to another that any particular one, however it may fail, is easily lost sight of in the advent of some new rage. Vale *Cundurango!* Vale *Chian turpentine!* All hail—what next?

ARE WE IN FAVOR of liberty in medical opinion and practice? We are. This is a free country. Would that it were as wise as it is free. But wise or otherwise, we believe in liberty. We don't believe in restricting the freedom of any man or woman however ignorant. This is a glorious country for the rising generation. It gives unlimited scope to ambitious young men and women. Every reasonable path is open. No angels with drawn swords guard any desirable path. No authority dictates what road shall be taken. Any young man wishing to be a doctor has only to will it and set out on the journey. Who controls his actions? Nobody. Who dictates his course of study? Nobody. Who compels his adherence to this or that school? Nobody. He acts for himself. This is as it should be, and we glory in it. We vote for liberty every time. We say this, once for all, in medical opinion and practice a man has the right to be a homœopath, an eclectic, an allopath or a jackass. We add that in our "medical opinion" the jackasses need not boast of the choice they have made.

Modern Medicine and Medical Practice. [Allopathic.]

Under the above caption Dr. R. A. Armistead gives to the readers of the St. Louis Clinical Record (old school) the following racy expose:

"I propose to offer a few thoughts upon the subject of medicine and its practice as presented to us in this marvelous age of invention and transcendent progress and civilization, and I wish it distinctly understood that I do not design what I shall say as an attack upon the learned profession, but, on the contrary, I simply wish to present my views in the form of an expose of what I conceive to be *evil practice legalized.* If I did not believe there was truth in medicine I certainly would not practice it, and yet candor compels me to say that I think truth and error are so equally blended that the world would be nearly as well off without doctors as with them. Where there is one physician who cures his patients, two may be found who kill theirs, consequently, if there were no practitioners, some who now get well would die, and others who die would get well, and the percentage of fatal cases would be no greater than now. This is a sad commentary on the practice of medicine, but it is my honest conviction, and I think the subject should be gravely discussed instead of being covered up under a morbid professional courtesy whilst hecatombs are daily sacrificed upon the altars of ignorance and a multiplicity of false theories.

"Medicine should repose upon facts, the offspring of experience, and not upon theories, as is so much the case now.

"Is medicine a science? This is an important question, and should have been settled long ago, but like everything relative to medicine, remains in dispute. A science always proves itself, and leaves no room for dispute; then medicine can not be called a science because it has not within its whole domain an undisputed truth or principle. Medicine stands related to the sciences, but, *per se*, must take its place with the arts.

"Medicine, as presented to us to day, is nothing but a bundle of theories as diverse as the leaves of the forest, and as diametrically opposed to each other as the poles. It is nothing but a strange conglomerate of truth and falsehood so intimately blended that there seems to be no prospect of ever unraveling it. The only guide a physician has is his experience. Should he be a close observer and a good reasoner he will become a successful practitioner, but should he, unfortunately, embrace a theory, he will only become a patron of the undertaker and grave-digger.

"In a legal point of view, it is becoming more and more difficult every year to tell what malpractice is, because in the regular profession (which has set itself up as the standard in such cases) may be found a precedent for the most absurd and destructive practice as well as the most contradictory, outraging both reason and common sense. Allopathic 'medicine' may be compared to an army with an independent commander for each brigade, which, of course, would fall an easy prey to a well-disciplined enemy, which accounts for the increase of the irregulars all over the conntry.

"Homœopathy has its *shibboleth*, and, indeed, all other *pathies*, but the only rallying cry of 'Allopathy' is '*quack, quack, down with quackery*,' and yet, if there is any remedy which it does not advocate for the same disease, from water of all temperatures up to *Alcohol*; and from starvation to the cramming with food, I can not call it to mind.

"Is the divine art or medicine, then, advancing? I answer, it is ever advancing or retreating, and, of course, eternally on the march. The misfortune is, that it never stops, either in its advances or retreats, until it makes itself ridiculous. The medical art has advanced in physical diagnosis to such a degree that it has become a great deal more respectable and fashionable to permit the symptoms of a disease to proceed in their regular order, that they may be traced from their incipiency to the fatal termination, than to cut the disease short and cure the patient The physician who can trace from day to day the symptoms in pleuritis and tell with precision when and where effusion has taken place, then verify his diagnosis

with his trocar and let his patient die, is much more popular than he who not only locates the disease but promptly arrests the inflammation before it terminates in effusion and saves his patient. The *morbidly* scientific physician may diagnosticate his patients to death by his long and too frequent examinations, but it makes no sort of difference, he will still be looked upon as a most wonderful man in his profession. And why should it matter if his patients die, so he can tell what kills them, and illustrate beyond a doubt that death commenced in the head or in the lungs, heart, stomach, or, perchance, in the intestinal canal.

"I once had a very sick fever patient over whom a consultation was held. I had taken accurate note of the pulse rate and temperature before the doctor arrived, and was prepared to witness the effects of his examination, which lasted about half an hour. After he was through I found the pulse had gone up from ninety-eight to one hundred and twelve, and of course there was a corresponding increase of heat. In this case the patient's safety was jeopardized by the protracted examination, which developed nothing new and was unnecessary. And thus diagnosis, which is of the utmost importance, and indispensable, is being converted into a grave evil in the hands of such physicians. The great bane of the profession is, its continual tendency to run into extremes. Like the pendulum of a clock, it must vibrate forever between Scylla and Charybdis, there seems to be no middle ground upon which to rest. But the most wonderful summersault that has ever been performed in the practice of medicine since the days of Hippocrates has taken place in the department of therapeutics. It consists in the complete substitution of the stimulating plan of treatment for the antiphlogistic. Stimulants have entirely superceded depleting and cooling remedies, even in the most violent fevers and inflammations. They answer equally well to bring down or raise the pulse or temperature. And thus the practice of medicine has at last been reduced to its lowest denomination, and its functions may be performed as well by a man without brains as by one with brains, as all he has to do is to give plenty of

Quinine and whisky, and be sure to stuff his patient with some kind of food, regardless of the condition of the stomach. There is no possible chance for the doctor to make a mistake unless he gives too little.

"To illustrate this practice I will relate two cases. The first was one of typhoid fever, to which I was called about the seventh day of her illness. I arrived at nine a. m., after the attending physician had made his morning visit. I found the patient with a pulse so rapid that it could not be counted; intense heat and delirium prevailed. She was taking five grains of *Quinine* every three or four hours, and drinking brandy and milk *ad libitum*, and being thirsty she took it freely, but fortunately she would vomit every thirty or forty minutes. I was told by the nurse that she had not slept for five days and nights. Feeling confident that something would have to be done speedily or death would be the consequence, I ordered the brandy, milk and *Quinine* discontinued, but gave her nothing until she had thrown up all the milk, which was in large cheesy lumps, that would have required the stomach of an ostrich to digest. In the meantime I had the entire body sponged frequently with warm water, which had a most soothing effect, and reduced the heat. As soon as the stomach became quiet I gave three drops of Norwood's tincture of *Veratrum viride*, which produced slight nausea but no vomiting; the dose was then reduced to two drops every three hours, which produced excellent results. At night, when the doctor returned, the pulse could be counted and was a hundred and thirty. I had substituted beef tea for the milk, and only gave a tablespoonful every two hours. At night we gave a dose of Dover's powder, which produced several hours' sleep. The next morning the pulse was a hundred and twenty, and the heat still farther reduced. Two grains of *Quinidia* were now given every two hours instead of *Quinine*, which had produced almost total deafness, and in two days the hearing was entirely restored, and the pulse reduced to ninety-five. No more brandy or whisky was given until approaching convalescence when the perspiration became profuse. During convalescence she drank pure crab-

apple cider with great relish and the best effect. I wish I could always get it for such patients. This patient made a rapid recovery, and I shall ever believe she was saved by the radical change of treatment.

"The second case was a young man who had been sick at least two weeks. I found him taking large doses of *Quinine* and whisky, and as drunk as Bacchus. By making a short temperance speech I prevailed on the attending physician to 'taper him off' and sober the poor fellow, which was done, and he recovered in due time. I asked the doctor what he most relied upon to reduce fever. He replied, whisky and *Quinine*. Then, said I, in the event you wish to raise the pulse, what do you give? 'Whisky and *Quinine*, of course,' said he. If such practice is not a complete burlesque on the profession of medicine I can not divine what would be, for to my mind, it makes it look perfectly ridiculous.

"That *Alcohol* is a good medicine none can deny, but it is like a great many potent remedies, capable of doing immense mischief if improperly used. That it is now being terribly abused as a medicine I have not the slightest doubt, and as a remedy in the hands of physicians I believe it has killed more patients within the last seven years than were destroyed by blood-letting during the zenith of its glory and the long time it was so fearfully abused.

"The great objection urged against bleeding is, that it impoverishes the blood by diminishing the red globules, and thereby induces anæmia. It is indeed strange that such an objection should be urged by any well-informed physician, when the battle fields and hundreds of puerperal cases prove its entire safety, by demonstrating how readily the system, under proper treatment, generates new blood after the most profuse and exhausting hemorrhages. Bloodletting is the most powerful promoter of absorption known to the profession, and it is upon this principle that it gives such signal relief in local congestions and inflammations.

"Whilst the whisky doctors are so terribly afraid of bleeding, they are offering up hecatombs of victims on the altar of their fiery god, *Alcohol*. According to this stimulating theory

we have no further use for the many and learned volumes written on materia medica and therapeutics, since by one grand retrograde movement it has reduced the whole thing down to whisky and *Quinine*, and rendered it possible for an individual with hardly three ideas above an oyster to practice medicine. It is high time the profession should cease its railings against quackery and malpractice, and it should cease to be a wonder that irregular medicine 'flourishes like a green bay tree.' For my part, were I reduced to the alternative of choosing between them, I would prefer the steam doctor, because his therapia embraces at least four remedies, to wit: *Lobelia*, composition tea, cayenne and steam, each good in its place. I would prefer the homœopathist, because there would be no danger of his killing me, and he would at least give dame Nature a chance to try her canny hand. The Episcopal church should add the following item to its profoundly solemn Litany: 'From the evils of *Alcohol* and whisky doctors, good Lord, deliver us.' For if ever a special Providence interferes in the affairs of men, now is a most propitious time to bestow a wonderful blessing upon poor afflicted humanity.

"But the divine art of medicine has made astounding strides in another direction. It has given to its nomenclature what may be termed a fungous growth, on account of its rapidity. New words are daily being substituted for old familiar terms, and the *ities*, *ologies* and multiplied *scopes* have taken a wonderful scope, and would now fill a respectable sized volume. Our vernacular tongue is not refined and expressive enough to suit the lisping twaddle of the would be learned of the profession, and all the French phrases that can be brought into requisition are being woven into the medical literature of the day. French weights and measures have been introduced, for what purpose it is hard to tell, and the lives of the people still farther jeopardized from the multiplied dangers of mistakes. Medical dictionaries should now be published like the United States Dispensatory, every two years. But there is hope that as the practice of medicine has been narrowed down to two remedies (whisky and *Quinine*), good

may spring out of evil, and this word-making propensity may be checked, for under the new *regime* we have but little use for either old or new medical terms and phrases.

"There is another peculiarity about this modern practice worthy of note. According to the reports of its votaries they are the most successful practitioners that ever lived, and yet the grave yards, as true as finger boards, flatly contradict their statements, for these receptacles of the dead always look as if they had just been plowed up.

"There are those so reckless as to advocate the external use of cold water in measles, and absolutely affirm that it acts like a charm, and is one of the greatest discoveries of the age. Now I might have believed these statements, and been silly enough to have tried it, if I had not seen this practice tested years before it was thought of by any physician. It happened on this wise: In the month of July the measles broke out in a family of four, husband, wife and two children, living in the country nine miles from the city. The neighborhood physician was called in and pronounced the disease scarlet fever, and began forthwith to sponge with cold water. In forty-eight hours he had killed the mother and infant. Of course, a panic ensued, and I was sent for to see the oldest child, which took the disease last, but which, unfortunately, had been treated in the same way, and was entirely insensible from congestion of the brain and lungs. As soon as I got the history of the cases, it was plain enough that the disease was measles, for they were all taken with well defined catarrhal symptoms, The child died the next day, and in a few weeks the doctor left the country, and should have left the profession, but he still hangs on and is making a living, for he can give whisky and *Quinine* as well as anybody, and if his patients die he has plenty of good company, and they die according to law and an approved theory."

Homœopathic Facts. A Valedictory Address, delivered at the Commencement of Pulte Medical College, Cincinnati, 1881. By P. B. Morgan, M. D.

Mr. President, Ladies and Gentlemen:—The final "Farewell," and "God bless you," must be uttered. But it is not in the nature of humanity to pass through such leave-taking unmindful of its significance.

In the hurry and flurry of the outside world, this is only the good-bye of a band of students. And were it no more, this would be enough to fill with the deepest emotion, the remaining moments of this occasion.

If these students have burned well and faithfully the midnight oil, if they have with the mental energy proper to the real and honest student, diligently treasured up the words of wisdom as they have fallen from the lips of their worthy masters, and, having filled the curriculum of their college, can now stand forth legally approved, then no one can dispute the assertion that this is most worthily an auspicious hour for these departing students.

But we shall assume it is much more than this. It is the departure of a company of persons who, upon this occasion, are lawfully invested with the dignity of masters of the healing art. That art which, holding in its grasp the realities of life and death, knows nothing more profound in its relations to mankind. And let not a worthy student of medicine forget, that He who graciously gave to mankind tokens of His divinity and benignity—the earnest of the eternal life He offers—was the Healer of sicknesses. Happy he who can so devoutly realize the dignity of his calling.

But it is furthermore proper we should state upon this occasion—for when shall we speak to each other again of these matters of our hearts?—that those going forth go as the representatives of a new school of medicine. Almost as new as the Nineteenth Century, and to-day it stands numbered among its most brilliant productions.

But here we reach the borders of disputed territory. Here we are sure to be challenged. On the one hand by men of honest purpose and of sober thought. And on the other hand, by men as blind to the demands of the age as are the redoubtable North American Indians blind to the demands of civilization. It is easy to understand the position of our ancient natives. For example, they say our fathers died in their happy wigwams, under the mysterious incantations of their ancient medicine men. Why not we?

And these men who dispute our position to-day are not only sometimes blind, but they sometimes make loud and vehement protest, until timid people, failing to distinguish between sound and sense, and therefore failing of the facts in the case, fall back, the unreasoning and invincible patrons of their medicine men. It is really the spirit of old-time, self-satisfied and self-asserting conservatism, face to face with the very Samson of scientific progress; the modern giant who has no fear of Philistines because they are our ancients, nor reverence for their gates because they are brazen.

Sir Isaac Newton discovered the mighty law which holds on their bases the granite-ribbed mountains of earth, and guides in their orbits all the "leviathans of the sky." These ancient conservatives, being bound that wisdom should live and die with them, laughed him to scorn.

Hahnemann discovered, defined, and gave to the world a law of cure by which healing and health pour forth joy and gladness alike in cottages and palaces, for all men and in all lands, and forsooth, these men laugh again!

Under such circumstances, what is the line of thought and action proper to those just entering upon this new service to the public? And we reply: By all means be men of intelligence and of convictions; otherwise the high preferment to which we are to-day admitted must turn to our dismay. True, moral conflicts are not of themselves to be coveted. But it so happens in this life that all right is antagonized and all good is liable to be maligned or counterfeited. But, peace comes after the battle, and "fortune favors the brave." Our historians affirm revolutions do not go backward; and re-

forms, well grounded, are as certain to conquer victory in the end.

Then, having well formed, intelligent convictions ourselves, let us not forget that we may rely with certainty upon the ultimate conclusions of a thoughtful, discriminating public. The din and smoke of battle may alarm and even distress the timid souls of to-day; but the calm of a morrow and the proverbial "sober second thought" will yet present an unclouded judgment. Just remain well-poised and patient for a little time, and by laws ordained in heaven, truth and merit will be honored with the rewards which in justice are theirs. Meanwhile we would say, hold steadily in mind, and give to your friends the incontrovertible facts, so vitally affecting the well-being of our race. True, there is much of poetry and the rhythm of song in a true and well-developed life. But as the bony system is to the genus *homo*, so are these great facts destined to be in our professional character and life. First, and above all, we must not ignore the relations that bind us in moral obligations to our God, and each other. And then we must recognize the facts entering into the warp and woof of our profession; and knowing them, give them to others. You were glad to know them, so will others, honest as you were, be glad also to know them. So dispense them. The communication of wholesome thought is like medicine to the soul; and the psychological aspects of humanity must not be forgotten by the educated physician. May I refer to a few of these facts relating to our standing as advocates of the new school of medicine?

First, to the fact that, the progress in therapeutics which the age demands is not found among our old school friends, their most eminent authors being witnesses. You know how many are the men who testify to this fact. I need not mention the names of Johnson, Roth, Rush, Forbes (late physician royal to the Queen of England), to Dr. Hammond, late chief of the Bureau of Surgeons to the United States army, and others. So that Niemeyer, of whom there is possibly none more eminent, says, that "in spite of our new discoveries, our present success at the bedside is scarcely more favora-

ble than that of fifty years ago." While Meyhoffer waxes bold and charges them with the fact that "the leaders of medical science are little further advanced in the healing art than they were several centuries gone by."

Then again, this want of progress is not only confessed by the champions of the old school remedial system, but it is quite as apparent to a thoughtful and discerning public. The uncertainty of crude drug action, its possible and frequent fatality—until the people say it will "kill or cure"—its sapping the vitality so that a protracted and painful period of slow recovery must follow convalescence, if, indeed, the constitution of the sufferer be not broken for life, are facts as apparent to the public as to the profession. And the so-called "Expectant System" will not suffice to disguise the weakness of this antique school.

By the "Expectant System" is meant the withholding of all drugs, special attention to nutrition, the administration of stimulants, and then a period of waiting or expecting, that, as the disease is self-limiting, there will be a possible chance for recovery. You are here present who can give place and date, when and where you have heard again and again, from the lips of the best of these men this great medical emporium can produce the statement: "Gentlemen, you can not cure these diseases." This has been said in your hearing of fevers, many endemic and epidemic, of rheumatism, of erysipelas, etc., etc. We have only to wish these good men would be as frank with the public as they are honest with their students. But in such case, their professional days would certainly be numbered.

So also the intelligence and the sincerity of this new school of therapeutics may be, as in time past it has been called in question. But you have only to remember that this matter has been too long and favorably known by the intelligent public to be disposed of by any thing less than by the hard logic of facts. To them we make our appeal. And to facts, too, which we have not far to go to find. Let me briefly narrate:—

Forty years ago last summer, there came to this great commercial metropolis, a gentleman, who, though unheralded, because unknown to fame, was destined to exercise an influence second to no man living, in undermining the colossal pillars of an unreasoning prejudice, and in placing in favorable light the just claims of the newly discovered law of cure. In six weeks he was in the full tide of practice. Day by day his office (on Third street, near Sycamore) was thronged by sick and impotent folk, many of them the children of poverty. His great heart was rich with the influence of all German lore, but richer far with the spirit of charity, was now taxed to its utmost. Not only were remedies dispensed, the sick cured and hearts made glad, but the novelty of this unique law (of similars), the minute dose, and yet with cures so many, so speedy, and so permanent, together, fairly wrenched asunder the fetters of popular prejudice, and stretched out lines of thought, and created reasonable demands which, lengthening and widening as they now are, we may safely say, will not be filled to the world's end. Pamphlets, periodicals and books were put to the press by this champion of the new law of cure. Able coadjutors were called to his aid. And now, lo! from a majestic *Alma Mater* in this great and wealthy city, bearing his name, there issues forth a steadily increasing army of disciplined and carefully drilled students and doctors in medicine. From this present session there go forth men from the old Bay State of the east to Oregon in the west, and from Louisiana and Texas in the south to Minnesota in the north.

You need not that I tell you the name of this distinguished man to whom under a gracious Providence we are so much indebted—the name second only to that of Hahnemann the discoverer—for it is Pulte. Nor need I name to you the school: it is proudly called *Homœpathic*.

To-day, patronized by large numbers of the literati of Europe, tolerated and fostered by legal enactments in several states of South America, commanding the patronage of a large majority of scientific men in this country, by nine-tenths of the clergy (it is said) and by three-fourths of the lawyers, as

well as by editors and journalists; having eight or more colleges of its own in the United States, beside a number incorporated with state universities, the great hospital work of Ward's Island, New York, beside a State Homœopathic Insane Asylum, costing a million dollars, the surgeon-general of that state a homœopath, representatives in state appointments all over the country, hardly a considerable city or town at home or abroad that has not a physician of this school, and, indeed, there is scarcely a well-regulated family among the more intelligent classes that has not our remedies prepared for domestic use—and all this realized with the knowledge that so late as 1830, there were but six men in the United States of America, known as homœopaths. I suggest, with these statements before us, you are authorized to say, Gentlemen, we challenge you to a candid consideration of these facts, and to the significance of these facts. Nothing else will suffice. The tide of popular favor now runs in channels too deep, and broad, and thoughtful, to permit any thing to stand in the place of honest logic to-day.

The time was, and not very remote, when in nearly every state in this country, any man belonging to a medical society and suspected of favoring anything looking like the so-called "small dose system" was tabooed, and sometimes he was ungraciously put out. We know whereof we affirm. We have heard a great professor in a proud university, betray his weakness, and the weakness of his system, by swearing savagely at the suspected representative of the new school of medicine, whom we knew to be present among the three hundred medical students before him.

The time was, when Hahnemann, whose discovery is destined to rank in importance second to no discovery of his age, was driven from his own Leipsic, by an ignorant and unthinking mob, set on by the spirit of an effete and spiteful conservatism. But we can now calmly certify to all concerned, that day is past; the tide has turned, and to-day there stands on a public square, in the city of Leipsic, Germany, a bronze monument, erected at government expense, to the honor of Hahnemann.

To-day, we have to record the steady accession to our numbers of men who have ranked not a whit behind the most accomplished of the antiquated school. Among these it affords us great pleasure to place the names of Thomas—of which, it is said, there was none more brilliant in all England; the name of a late professor in the noble University of Edinburg, Scotland; the name of a gentleman until just now on the hospital staff of the old school, in Boston. Names too numerous to refer to in this place, not to mention thousands who, to-day, striving to retain their places in the old school, still hope to save for themselves the patronage, and possibly think they have acquired the secret of the new school system, and proclaim to them that at last they are fully persuaded to use "small doses."

This may mean only a desire to take advantage of a popular prejudice against heroic treatment, with the mental reservation that massive doses can be prescribed, when a little frightened—and when, alas! the poor patients can least afford to take them—or it may signify an honest conviction, and insomuch an approximation to the better system.

It has been said with pedantic air, the new school is lacking in medical culture. But if so, we affirm it is only because the antiquated school is lacking; for whatever that school has—anatomy, physiology, chemistry, pathology, etc., —the new school has; yea, and more, also, for it is the glory of the new school that it boasts a law of cure, a thing supposed to be unknown in the old school Niemeyer frankly confesses theirs is a school of empiricism.

And while upon this point, permit me to say, we do not utter the judgment of a neophyte when we certify that no more honest teaching and hard drill, and in one or two instances we believe we can safely affirm, no more brilliant lectureships are to be found than are found at this time under the ægis of Pulte Medical College, Cincinnati.

But it may be said, your minimum doses and little pill system is, after all, the unfortunate part. And is it not true, they ask, that in severe cases you also use the massive doses of our own heroic system? and we solemnly affirm we do

not. But we add, if there be no safety in the reduced dose, why make the public believe that honest men of the old school are conscientiously using reduced or minimum doses?

Permit me to say parenthetically, and privately, to you here present, that I verily thought within myself that possibly the little pill aspect of our school had seen its day; that gradually dilutions and triturations would come to be the favorite and possibly the only medium used in administering our remedies. Judge, therefore, of my surprise, when recently I was told by one of our pharmacists in this city that he was manufacturing and sending out annually between seven and eight tons of sugar pellets for homœopathie uses! and I believe he is an honest man.

But hastening to a conclusion, let me say, the one great fact of our school is its law of cure, the law of similars. Note that we do not use the word "same" as some, unmindful of their Christian veracity, would have you believe; but we say, drugs producing groups of symptoms which in their *tout ensemble* are similar to those found in disease, will, we believe, cure, if cure be possible.

You do not believe it. Well, we have only to say to these professional brethren: "Taste and see." Be honest as we have been, and in compliance with these principles, just for the once use a minimum dose of *Ipecacuanha* for nausea, of *Colocynthis* for a cutting pain in the umbilical region, or *Veratrum album* for an attack of cholera, and failing, we pledge you we are ready to renounce our own and thereafter profess your faith. But succeeding, as we know you will, not semi-occasionally, and not after long waiting, but immediately, and probably in ninety-nine cases in a hundred; then we ask you, for humanity's sake, to honestly profess our faith. "Truth," says Shakspeare, "loves open dealing." We reaffirm the statement, and challenge you to an honest test of these claims. If we are ourselves dupes or deceivers, then we beg you, gentlemen, prove the fact of our delusion; demonstrate it, and, forsooth, we are with you. If, in your pride, you will not for our sake, pray, good men, for the sake of a long-suffering community now being rapidly removed

from the influence of heroic medication, as you yourselves plainly see, be persuaded and demonstrate our error.

Pardon us, good people, if upon this occasion we seem to magnify our calling. But waving all controversy, we solemnly affirm there need be and there ought to be no serious mistakes in a matter of so great importance. For example: Acute diseases, particularly violent epidemics, are, in all fairness, a touch-stone, by which an intelligent public may see, aye, must see, whether a system of medication is efficient or inefficient. Admitting our proposition, then tell us if you can, how it is that of Asiatic cholera in European hospitals, the mortality of the old school is put down at fifty-four per cent, and under homœopathic medication at twenty-one per cent. And tell us again, Why did the English Parliament order a publication of the death-rate in 1854, giving deaths from Asiatic cholera under homœopathic treatment sixteen and four-tenths per cent, and under allopathic treatment fifty-nine and two-tenths per cent?

Why did Dr. McLaughlin, being medical inspector of the Board of Health, in London, (Eng,) and a confessed enemy of Homœopathy, subsequently write that what he saw in the homœopathic departments "were true cases of cholera," adding, "that although an allopathist by principle, by education and practice, yet, were it the will of Providence to afflict me with cholera, and to deprive me of powar to prescribe for myself, I would rather be in the hands of a homœopathic than an allopathic adviser."

In Cincinnati, the treatment of cholera by the new school system was yet more signally successful, giving a mortality of only about three per cent.

The statistics, showing the death-rate in the late epidemic of yellow fever, were also as strikingly in contrast as in the epidemic of Asiatic cholera.

In a table of statistics, we have reports from twenty-one European allopathic hospitals and find they show a loss of eleven per cent, while reports from fifteen homœopathic hospitals show a loss of only six per cent.

Sir Henry Holland said, "Through medical statistics lies the most secure path into the philosophy of medicine." Will our professional friends accept our tabulated statements? It may be they deny them; if so, then will they tell us why The Provident Life Insurance Co., of London, England, has opened a special section, offering ten per cent lower rates of premium to persons treated homœopathically, than are charged to others? while in the United States several companies have adopted the same plan. One of these, the "Atlantic Mutual Life Insurance Company," of Albany, N. Y., not long since, reported that their losses in the homœopathic department were about one-seventh less than in the other department! Will our friends tell us the significance of these facts? But enough; we may now go forth enriched in thought and life by our stay within the spacious halls of Pulte Medical College.

And to you, Gentlemen of the Faculty and Trustees, we shall never cease to feel grateful while we remember your unceasing efforts in behalf of your students; your faithful teaching; your courteous bearing; your unwearied painstaking for those who, looking to you for guidance in the paths of a manifold scientific course of study, have not looked in vain. We shall go from you happy in the knowledge you have so generously imparted. And in return, we pledge to Pulte the constancy of our regards, while with our children, and, we trust, with many a restored patient, we shall pray benedictions may be upon you and yours, and that the sons and daughters of Pulte may be multiplied, may we not say, by hundreds and by thousands!

And to you, members of the graduating class, may I suggest, there is now something more for us than merely saying 'Good-bye;' for it is our last "good-bye!" In college life there is always a fine opportunity for the development of a sort of moral affinity. But above that there is unconsciously developed an *esprit de corps* mysteriously binding thoughtful persons in fraternal fellowship. We have not all seen eye to eye, and probably have not all had in mind the same models of manhood and womanhood. But you will bear me witness

that you have found none whose cheery countenance did not impart sunshine to your jaded intellects, and none you were not glad to salute with a morning's greeting. But when shall we meet, and exchange greetings again? The wee hours of this night will soon be past, and ere another day's dawning and declining shall have come and gone, how many long miles of iron rail will stretch out between us! And how soon shall we all stand on the battle-field of life, side by side with an afflicted and heart-burthened humanity. But let us pledge each other that in this sundering of mystic ties we will not forget Pulte, nor those we have met in such kindly relations these days and months past. And more that we will carry with us, that adorning of mind and soul—which with myself, is certainly nothing less than a Christian adorning—which shall make us worthy representatives of the high standing to which we are to-night admitted—that we will faithfully minister to human infirmities, and upon no occasion forget or forfeit the dignity of our chosen office. And may the benediction of Him who was our fathers' and our mothers' God, attend us until it shall be ours to reach that country where "the inhabitants shall no more say, We are sick."

Ladies and Gentlemen, cheered by the deep interest you have manifested upon this occasion, and thanking you for your presence, we bid you farewell.

Microscopy.

Department in charge of Prof. J. EDWARDS SMITH, Cleveland, O.

Blood Stains in Medical Jurisprudence.

In the American Journal of Microscopy for January last, and under the above caption, Dr. Richard H. Lemmon, of

Charlottsville, Va., makes the following proposition to Dr. J. G. Richardson, of Philadelphia:

"You say that you are able to identify human blood from that of animals, whose corpuscles measure on the average 1-4000 inch and less. Are you willing to test this after some such fashion as that mentioned in my first letter? I will prepare, or have prepared, blood specimens from man and several animals, the average diameter of whose corpuscles measures, according to Gulliver, (whose accuracy you commend) 1-4000 inch and less. It is fair, however, to state in this connection, that I shall cause one or more of the specimens to be washed and dried after a manner that I have noticed materially affects their diameter, at least apparently, to one beyond the sacred precinct of the earnest workers referred to above."

Concerning the latter part of Dr. Lemmon's proposition, Prof. Phin, of the Journal, takes exceptions in the following sensible and practical note:

"As regards changes produced in the size of the corpuscle by special methods known only to scientific men, we should not consider such a test fair. The specimen of blood should be presented to the microscopist in a condition as nearly like that in which it would occur in practice as possible. We doubt if a jury would attach any weight to evidence derived from stains which had been washed with strong chemical agents."

Dr. Lemmon, at the conclusion of his article, suggests that the matter be subjected to the "crucial test," to which Prof. Phin, in his March number accedes—notably by turning back "ye wheels of tyme"—six years!—and in manner following:

Diagnosis of Blood Stains.—Dr. Woodward vs. Dr. Richardson.—In view of Dr. Lemmon's challenge in regard to the diagnosis of blood stains, we have been asked to republish the following record, which is taken from the *Cincinnati Medical News*, for April, 1875. In reply to our request for a copy of the letter, Prof. Smith writes us as follows:

"It may be proper to say, that the blood stains furnished by Dr. Eames included those of man, ox, sheep and horse.

I beg to add that my efforts in the matter of diagnosis of blood stains were suggested only by my thorough convictions of the validity of the positions claimed by Dr. Richardson. It will be noticed that I used higher amplifications than did Dr. Richardson, although my objective was only a low 1-6th, and this objective, with 1-8th solid eye-piece, would have given good images amplified nearly 8,000 diameters, and will bear to be so used when necessary. Finally, in general, the microscopist will occupy safer ground when he states simply his own observations, such as they may be, rather than when he prejudges the capacity of other observers."

To the Editor of the Cincinnati Medical News:—I notice in the *News* of last month your reprint of Dr. Woodward's article, attacking the positions previously assumed by Dr. J. C. Richardson.

As many or your readers may not have Dr. Richardson's papers (read before the Biological and Microscopical Section of the American Academy of Natural Sciences), it may be proper to say in brief, that Dr. Richardson simply claimed that, under an amplification of 3700 diameters (or more), as furnished by modern instruments, he was able to detect the red blood corpuscles of man from those of ox, sheep, deer, cat, goat and horse.

Dr. Richardson goes thus far, and no farther; he wisely abstains from the discussion of blood corpuscles of other animals which approximate to those of man, thus withholding information that perchance might prove of service to the rogue.

Dr. Richardson, in support of his position, prints in detail six experiments, proving that in *each instance he did detect* the corpuscles of man from those of the ox and sheep. Dr. R. says: "In conclusion, I submit that the results of my experiments above narrated *prove* that, since the red blood globules of the pig, (1-4230); the ox, (1-4267); the red deer, (1-4324); the cat, (1-4404); the horse, (1-4600); the sheep, (1-5300); and the goat, (1-6366); are also much smaller than even the ordinary minimum size of the human red disk, as measured

in my investigations, we are now able, by the aid of high powers of the microscope, and under favorable circumstances, to positively distinguish stains produced by human blood from those caused by the blood of any of the animals just enumerated, and this even after the lapse of five years from the date of their primary production."

It is remarkable that Dr. Woodward should entirely dissent from this view of the matter, that human blood corpuscles can be distinguished by microscopic measurements from those of the lower animals, named by Dr. Richardson, *without offering some positive evidence in support of his assertion.* On the contrary, Dr. Woodward does not disprove a single word of Dr, Richardson's paper. Dr. Woodward does, indeed, discuss some of the difficulties which environ the diagnosis of the blood of the dog, presenting well known facts, but in no wise overthrows Dr. Richardson's positions.

Even in the case of the dog, the writer of this can not agree with Dr. Woodward, that it is certain the blood of the dog can not, *under favorable circumstances*, be distinguished from that of man.

It is noticeable that Dr. Woodward, with his usual candor, frankly admits that he has not yet "himself made systematic measurements of the blood of other animals than the dog." This has significance, and suggests that Dr. Woodward may yet find occasion to make further observations, which, when published, will prove a valuable contribution to the medical jurisprudence of the day. At present, however, the detailed and successful experiments published by Dr. Richardson remain intact, and are not materially changed by the advent of Dr. Woodward's dissenting paper.

As to the other animals, enumerated by Dr. Woodward as presenting difficulties to the microscopist, to wit, rabbit, guinea pig, monkey, seal, otter, kangaroo, capybara, wombat, and porpoise, it may be said (so far as most of these are concerned), that American microscopists will seldom, if ever, (*in the nature of things*) be called upon in the capacity of "experts" to determine in regard to them, and any farther dis-

cussion of the blood disks of these animals may safely be dismissed.

My friend, Dr. William M. Eames, of this place, having read both the articles referred to, and being desirous of submitting the matter to further tests, handed me, a few days since, specimens of blood stains, requesting me to detect, if possible, by the aid of the microscope, those due to human blood. These specimens were marked by him *a*, *c*, *d*, *e*, *f*, *g*, *h*, *i*, and *l*.

According to Dr. Eames, these stains were submitted to examination under the microscope. The objective used was a superb Tolles' four-system wet 1-6th, and one-fourth solid eye-piece, in connection with Tolles' amplifier, which nearly doubles the power; the amplification nearly 4000 diameters. The images of the various blood disks were "thrown down" on paper by the aid of camera lucida, and the transverse diameters of the blood corpuscles sketched thereon. The distance of the camera from the paper was rigidly maintained by the use of a strut, properly fitted to the eye-piece, and extending to the table. The illumination was furnished by an ordinary German student lamp. The objective was used throughout with systems closed, and optical contact made with *Glycerine*, in place of water; after ten hours of close, severe work, my observations were completed, at once written out, and forwarded to Dr. Eames.

Very shortly afterwards I went to the Notary Public, and *swore* that the specimens *f* and *i*, sent me by Dr. Eames, *were* human blood, as also that the other specimens were *not* human blood. During the evening of the same day I received from Dr. Eames the following note:

"FRIEND SMITH—Your report of the examination of specimens of blood stains I sent you is received. Much to my surprise, you have made no mistake in regard *to any* of the nine specimens submitted, the two marked *f* and *i*, are, as you pronounce them, human blood, also those marked *a*, *c*, *d*, *e*, *g*, *h*, and *l*, are, as you positively declare, not human blood. The specimens marked *d*, *g*, *h*, and *l*, were also correctly designated by you.

"I regret that you were unable to find time to complete the investigations, so as to designate the remaining specimens. But am gratified to know that the object sought has been fairly accomplished, viz: that human

blood can be distinguished, by the use of high magnifying powers, from that of the domestic animals, with which it is liable to be confounded.

"I am also satisfied that only those who possess great skill in the use of the microscope can determine these questions with *certainty*. Very respectfully yours, WILLIAM M. EAMES."

Note: [By department Editor]. The above related crucial test includes by no means our entire experience in the examinations of blood stains. We hold in reserve other instances of the successful application of the microscope for the determination of suspected stains, which have had place within the pale of our personal experience.

The V Diaphragm for High Angles. By Geo. E. Blackham, M. D., F. R. M. S., Dunkirk, Nov. 27, 1880.

In response to requests for further explanations in reference to Prof. J. E. Smith's V-shaped diaphragm, let me refer to page 44 of this Journal, for February, 1880, and add to the description which I have there given.

The name, V-shaped, is not very well chosen, as the diaphragm itself is not V-shaped, but only forms one side of the V, the under side of the stage forming the other.

The stage of *my* microscope has two screws on the under side, to which certain sub-stage apparatus can be attached by a sort of bayonet catch arrangement. These screws I utilize to attach my V-shaped diaphragm, which is simply a piece of ferrotype plate slipped in between the screws and held in place by the projection of their heads.

Of course, if the ferrotype plate is *flat*, it simply closes the well hole in the stage, and is thus often very useful when viewing opaque objects illuminated from above, but if one side of the plate is bent down, it leaves a wedge-shaped space between the plate and the under side of the stage, the

apex of the wedge being toward the centre, and the base toward the outer edge of the stage. It is evident that if the mirror be placed on the same side as the base of this wedge-shaped space, I can, upon swinging it out to a proper obliquity, send a beam of light in upon the object, and that no light less oblique can reach the object from below. As the ferrotype plate is perfectly pliable, it can be bent to any desired angle, and thus light of any desired degree of obliquity (that the stage will admit), can be obtained, quite free from any light of less obliquity.

With wide angled lenses this has a remarkable effect in increasing the sharpness of resolution of fine lined objects.

With dry lenses of lesser angles this arrangement can be utilized to produce very fine dark field effects, the diaphragm, in this case, being bent down *nearly* to the limit of the semi-aperture of the lens in use.

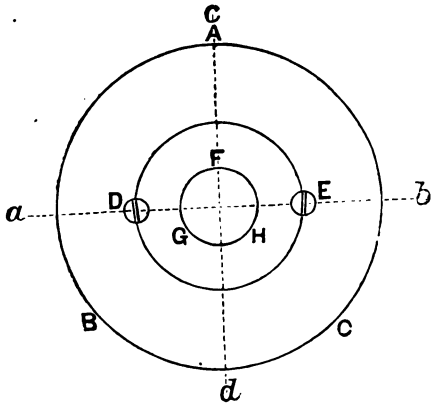

Fig. 1.

Fig. 1 shows the under side of the stage, A B C being its outer edge D and E are screws placed on each side of the well, and not fully screwed home.

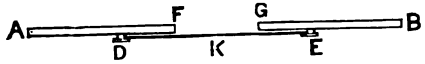

Fig. 2.

Fig. 2 is a vertical section of the stage on the line *a b* Fig. 1. K is the ferrotype plate forming the so-called V diaphragm, and the other figures correspond to the same parts in Fig. 1.

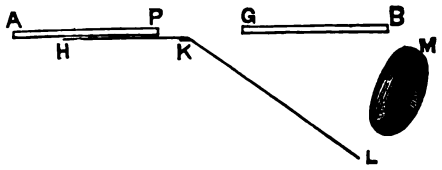

Fig. 3.

Fig. 3 is a vertical section on line *c d* Fig. 1. The ferrotype plate is shown bent at K, K L forming the diaphragm. M is the mirror, which, for want of room, has been shown too close to the object.

The three diagrams sent herewith will, I trust, make it plain how I attach and use the V-shaped diaphragm with my stand. The mode of attachment will, of course, vary with the construction of the stage, and the value of the attachment will also vary inversely as the thickness of the stage. With a reasonably thin stage, the convenience and value of the arrangement will well repay the cost of having a couple of screws set in the under side of stage. The diaphragm itself need not cost anything, any photographer will give away a piece of ferrotype plate large enough for the purpose, say three inches square, or even if disposed to do business "for revenue only," will hardly charge more than ten cents for it at most.

A Practical Series of Objectives.

Last month we presented "An Ideal Series of Objectives for Microscopical Work." We now propose to show to what extent the ideal coincides with our notions of the practical.

The department Editor long ago presented a series of objectives, recommending the same as best fitted for microscopical work, which were chosen from the standpoint of a protracted experience "over the tube." These objectives may be enumerated as follows:

First. A Spencer 2-3ds inch, aperture 45 to 47 degrees, having a working distance of 1-4th of an inch, thus suitable for wet mounts *without covers*, and resolving 35,000 to 40,000 lines.

It will be seen that this objective comes tolerably close to the ideal inch of forty degrees, both as to resolving power and working distance of the two. The 2-3ds will be found the superior glass.

Second. A "real good honest" 1-2 inch of 40 degrees, recommended as a "hack" and for work over acids, etc.

Third. A first class wide-angled duplex objective, say a 1-6th or a 1-10th, resolving all the most difficult tests.

Thus far, the two series of glasses keep pretty well together, and the owner of either series would probably have little occasion to complain.

The writer has many times acknowledged that the jump from the 2-3ds to the duplex 1-6th or 1-10th is a pretty wide one, and, as he has elsewhere stated, it has been found impracticable to find a suitable "intermediate" glass. The nearest approach met with thus far is found in his Tolles' dry 1-4th. This objective has 100 degrees of aperture, resolves 70,000 lines to the inch, and has much the longest working distance of any 1-4th of similar aperture and resolving power, viz: 1-25th of an inch. Furthermore, the writer has never met with the second glass, (i.e., 1-4th dry), even from the laboratory of Mr. Tolles, having the same aperture, resolution, and *working distance.*

The ideal series presents us with a somewhat similar glass, viz: the aperture and resolving power are coincident, but that these two conditions can be secured with all the tremendous working distance of "one-eighth of an inch," is something which the writer has in the past presumed impossible; certain it is he has never met with such an objective among the hundreds he has handled. Nevertheless, he gladly admits that such a glass would be most desirable, and would, undoudtedly, "bridge his chasm."

Let him repeat, that Gov. Cox is doing a good work, in which it is hoped he will never tire.

High Magnifying Powers.

A recent number of the *Journal of the Royal Microscopical Society* says: "In America, more than one professed microscopical expert—notably, Mr. John Phin, Editor of the American Journal of Microscopy, and Carl Reddot's—has lately alluded to 80,000 or 100,000 diameters as within the power of his appliances," and the tone of the article would seem to imply that we advocate and use such high powers, although this is not expressly stated.

Speaking for ourselves, we would say that we have never used such powers, do not believe that any useful result is to be gained by them, and in all our writings we have opposed their use. It is true that we have experimented in this direction just to see how poor the results would be, and we have recorded the attempts of others, as a matter of news. But we are no advocates for such high powers, and never use them. .

That a certain magnifying power is necessary in every case to enable the eye to appreciate what the microscope pictures, is a truth which needs only to be stated to command assent. The man who tries to see the lines of *P. angulatum* with a power of 100 diameters will fail—no matter how good his objectives may be. But our power to obtain amplification is limited, and we believe that the limit of effective work falls far below 80,000 diameters.

It is now pretty well recognized that very high power objectives do not reveal anything more than those of moderate power, it being assumed that the latter are of first rate quality, and used with high eye-pieces, and the question comes up: "How high may the eye-piece be?" Our own impression is that the same circumstance which prevents the successful construction of high objectives will prevent the construction and employment of high eye-pieces. Just where the limit lies it may be difficult to state, but we doubt the efficiency of any eye-piece higher than a one-eighth.

This, with an objective of one-tenth, would give 8,000 to 10,000 diameters, and this seems to be about the limit arrived at by our best workers.—*Am. Jour. of Microscopy, for March*, 1881.

Correspondence. A Question.

EDITOR MEDICAL ADVANCE:—I am glad to see that medical journals are beginning to pay due respect to the department of Microscopy, as it affords a harbor of safety to the bewildered student. Our books by no means agree, and as the student is left to his own ideas, he does not know what to believe. Now, if it is not taking too much of your valuable space, I should like to ask the department of Microscopy for a little information concerning the size of the red corpuscle of human blood. During my course at college, I was taught several different measurements, and being considerably interested in the subject, I should like to inquire which is the true one. 1-3500 in., as given by Flint and "*re-hashed*" by the colleges, certainly seems too small, for my own attempted measurements are much larger than that. Very respectfully, BEWILDERED STUDENT.

For the information of "Bewildered Student," we unhesitatingly assert that the "1-3500 as given by Flint" is a palpable error. Vide, the authority quoted by Dr. Woodward, in our March issue. As we have before stated, Dr. Woodward's measurements and our own coincide very closely—it is to be noticed that in the new edition of his valuable text book, Prof. Flint still hangs to the 1-3500!

EDITOR, DEPARTMENT OF MICROSCOPY:—Availing myself of your kind offer, contained in your February number, I

would like to state an item forming a part of my late experience with the microscope, to-wit: the other day, while examining under an immersion objective a slide of dry-mounted diatoms, I had succeeded in resolving the markings on a particular frustule very nicely; suddenly, however, while still gazing, the markings faded from sight. I shortly afterwards discovered that, owing to the cover-glass being imperfectly cemented, the water had run under the cover and immersed the diatom.

Replacing the slide under the object-glass, I attempted, by adopting various changes in the illumination, etc., to resolve the diatoms in their wet condition, but my efforts met with no success.

Am I correct in my conclusion, that the effect of the water-bath is to prevent the resolution of objects which can be easily seen when in the dry state, or was my failure due to my own imperfect manipulations? A brief reply from you will doubtless remove my "perplexity," and will greatly oblige a "STUDENT."

The fact has been long ago recognized by those accustomed to work over test diatoms mounted dry, that the effect of water, owing to leakage of covering-glasses, is such as to cause total obliteration of the markings otherwise seen on the finer diatoms. A mount thus submerged with water is no longer fit for use under the objective.

Shortly after the advent of the immersion system of objectives, the condition named by our correspondent became *practically* apparent, and this was prominently urged as a serious objection to the use of the immersion glasses. The same condition, however, applies to dry glasses as well as immersions, e. g.

Ten years ago we had occasion to examine minute specimens of *Iron pyrites* (*Sulphuret of iron*), these particles measuring from 1-30,000 to 1-40,000 to the English inch. The objective used was a fine dry Tolles 1-10th.

All our attempts to cross question the said particles by introducing liquid reagents under the cover, met with instant defeat, the finer particles being no longer visible.

weeps. Gave *Puls. cm*, every two hours, in water, without relief.

April 20. *Catar. v., cm*, dry. The time between urinations lengthened to one, two and three hours, while the other symptoms improved.

April 25. After lemonade she suffered somewhat as before, and was promptly relieved after the same potency of *Catar. v.*

Subjects usually helped by this remedy void offensive, pus loaded urine, with tenesmus after micturition.

In the case of a man with irritable bladder, persistent after gonorrhœa twenty years, urine slimy and bloody, the use of *Catar. v., cm*, later *dm*, was followed by relief of crawling and dull pain in vesicæ and both testicles. After eighteen months the symptoms returning, *Cantharis cm*, in water, was followed by no relief, when the repetition of *Catar. v. dm*, has seemingly removed the cause of suffering.—C. F. NICHOLS, M. D.

University of Michigan. Homœopathic Department.

EXAMINATION IN THEORY AND PRACTICE. PROF. T. P. WILSON.—1. Fever. Denoted by a rise in temperature of the body. Symptoms: Increased rapidity of the pulse; skin flushed, often dry, sometimes sweat; thirst; patient restless; fever greater afternoon and evening. The degree of fever best indicated by the use of the thermometer. The temperature may be taken in mouth or axilla, five to eight minutes necessary for ascertaining it; normal temperature 98.6° F. A rise of one degree is accompanied by an increased action of heart of eight beats per minute. Different fevers may be differentiated by the use of the thermometer. Temperature should be taken a. m. and p. m.

2. Typhoid Fever.—Symptoms: Headache; anorexia; nausea and vomiting; fever; debility; prostration; insomnia; delirium; stupor; tympanitis; right iliac; gurgling; roseola; singultus; carphologia; decubitus dorsum; slipping down in bed; diarrhœa; involuntary evacuations; characteristic rise of temperature of two degrees, from a. m. to p. m., and a fall of one degree from night to morning, making a rise of one degree per day for one week; slight change, two weeks; falls three weeks.

Pathology.— Fatty and amyloid degeneration. Liver, spleen, lungs and brain primarily affected. Any organs of the body liable to degeneration; lymphatic glands especially affected; ulceration of mesenteric glands; perforation of intestines with hemorrhage; inflammation of brain; pneumonia; fatty degeneration of liver; spleen enlarged, soft and black.

Treatment.—*Baptisia.* Early stage; sore, bruised feeling in parts lain on; besotted appearance of patient; delirium; stupor; gone to sleep while answering a question; great fetor of the breath, and of all of the excretions; brown tongue; sordes on teeth.

Bryonia. Patient lies perfectly still; constipation or diarrhœa; tongue, white coating, afterwards brown.

Muriatic acid. Later stages (third to fourth week); prostration; slipping down in bed.

Carbo. veg. Third to fourth week. Fetor; coldness of extremities; cold sweat; cold breath; prostration.

Arnica. In winter: Dusky appearance; delirium; prostration.

Arsenicum. Fetid watery discharges; restlessness; thirst.

Rhus. Restless; moving about; dusky hue of patient. Hygienic; keep patient quiet in bed; give plenty of nutritious, easily digested food often; no stimulants.

3. Scarlatina—Inflammation of Kidneys.—Acute desquamative nephritis; post scarlatinal dropsy; heart disease; pleurisy; O. M. A. suppuration, which may break into brain, and produce inflammation of the brain, and death; inflammation and desquamation of cuticle; œdema; glands of neck enlarged.

Treatment.—*Apis.* Burning, stinging pains; chilliness from least movement; œdema; puffiness of face and neck; increased heat. *Bell.* Sydenham variety; diffused; scarlet redness of skin; face red; throbbing headache. *Canth.* Burning of skin; urinary symptoms; eruption does not appear. *Sulph.*

4. Cholera Morbus.—Symptoms.—Occur at night; headache; nausea; profuse violent rapid stool, followed by vomiting of contents of stomach, afterwards empty or watery; retching; rarely bilious vomiting; pain and cramps in stomach and abdomen; cramps of extremities; coldness of extremities; haggard face; attack over in five to six hours, followed by prostration.

Treatment.—*Camph.* Cold sweat; cold extremities; cramps; blue, pinched features. *Cuprum.* Vomiting; cramps; tonic spasms (clonic spasms, *Zinc*). *Ipecac.* Nausea; vomiting, without relief. *Tartar em.* Nausea and vomiting.

2. Typho-Malarial Fever.—Malarial type. Symptoms: Chill fever; headache; nausea; vomiting; symptoms remittent or intermittent; fever rises rapidly; diarrhœa; prostration. Typhoid type.—Chill; fever; nausea; vomiting; may be some tympanitis; right iliac gurgling; absent; prostration; course long and perplexing to treat; many complications.

6. Diphtheria.—Differential diagnosis; scarlatina anginosa; angina faucium; tonsillitis; membranous croup. In diphtheria, a thick, dirty white or gray fibrinous membrane covers the tonsils; great prostration and fetor. In scarlatina, slight fibrinous exudate; generally eruption over body; lack of characteristic prostration and fetor; angina faucium, or catarrhal sore throat; lack of diphtheritic membrane; no prostration or fetor. Tonsillitis.—Enlarged tonsils; no diphtheritic membrane; tonsils may suppurate and discharge; membranous croup; membrane generally forms lower in the larynx; has other symptoms of croup from the beginning; no prostration or fetor as marked as that of diphtheria.

7. Intermittent Fever.—Pathology.—Coldness of surface of body; internal organs congested, especially spleen and supravenal capsules; spleen may be permanently enlarged; liver and spleen become degenerated, enlarged and soft.

8. Treatment.—*Chin. sulph.* Prodrome, not marked; chill; pain in back; tender to pressure; headache; hunger; time, ten a. m. Three or ten p. m. Fever; thirst; pain in back; headache; sweat; headache worse; thirst; sweat worse when quiet.

Nat. mur. Time, ten to eleven a. m. Great dread of chill; violent chill; finger nails and lips cold and blue; headache; sweat relieves headache.

Ipecac. Much nausea and vomiting, without relief.

Ignatia. Time irregular; thirst only during chill; relieved during chill by heat of stove.

Arsenicum. Stages not clearly defined; thirst; prostration; vomiting.

Nux vom. Night chill, continuing until morning, or early morning attack; blueness of lips and finger nails; chill long; fever long; must be covered even during sweat; not relieved by heat; worse if cool air strikes him. Indicated in "bilious" people with gastric derangements.

Eupatorium per. Time, seven to nine a. m.; next day at twelve m. Bone pains; pains in back and extremities; vomiting of bile after the chill.

9. Erysipelas.—Pathology and Treatment.—Inflammation of the skin; deeper structure often involved; lymphatic glands enlarged—cervical and axillary; inflammation of lungs; pneumonia; inflammation of brain; infiltration of tissues; phlegmonous; suppuration; gangrene.

Treatment.—Local tincture *Canth.* in water; tincture *Lobelia* in water.

Bell. Fever; face red; throbbing carotids; burning pains, coming and going suddenly; delirium.

Canth. Burning, stinging pains; redness; dysuria; tenesmus strangury.

Apis. Stinging, burning pains; œdema; no thirst; worse from heat of stove.

Rhus. Vesicular variety; dusky hue; uneasy; restless.

Lachesis. Deeper structures of throat involved; sensitive to least touch; tendency to gangrene.

Sil. or *Hep. sul.* Tendency to suppuration; better, from keeping head well covered.

10. Small Pox.—Stages, Symptoms and Treatment.—1. Papular, beginning with fourth day of disease; lasts three days. 2. Vesicular, three days, or sixth to ninth day of disease. 3. Pustular, three days or ninth to twelfth day of disease.

Symptoms.—Headache; anorexia; malaise; chill; fever; fever rises rapidly for three days to 106°, when the eruption appears and fever subsides to 100°, and patient feels much better; before eruption appears patient feels very sick; nausea and vomiting; eruption appears in papules, beginning on the forehead and spreading over the body; fever rises again, and patient feels worse during vesicular and pustular stages. During second stage, characteristic umbilication of vesicle.

Treatment.—Cool or tepid water applied to prevent pitting; isolate patient; cool room, well ventilated.

Aconite. Fever; hot, dry skin; rapid pulse, etc.

Bell. Headache, throbbing, frontal; flushed face; delirium; wants to get out of bed; fever.

Hyos. Less fever, more delirium; wants to escape lascivious furor.

Stram. Fever and delirium.

Tart. em. Nausea and vomiting; papular stage.

Rhus. Vesicular stage; restless; hemorrhagic variety. *Am. carb.*, *Ham.*, *Carbo. veg.*, *Arnica*, bruised, sore feeling; ecchymoses.

Sulph. Eruption does not appear well.

11. Cholera.—History and varieties of Cholera Asiatica.—Discovered by a missionary at mouth of Ganges and Bramah Putrah rivers (its habitus) in latter part of eighteenth century. From thence it spread westward toward Europe. It invaded Eastern Europe about 1830. In 1832–3 it spread over France and England, and soon after made its appearance in this country. Six or seven epidemics have prevailed in this country, the last occurring in 1873.

Varieties.—Sporadic and endemic.

Symptoms and treatment of cholera infantum.—No prodrome except looseness of bowels; anorexia, and some malaise; invasion sudden; course rapid; vomiting; rapid, watery stools; very debilitating and prostrating.

Treatment.—*Apis.* Boring head into pillow; wants to keep covered and quiet.

Ipecac. Nausea; vomiting; profuse green stools.

Tartar em. Vomiting; cold sweat.

Camph. Coldness of extremities; cramps; spasms.

Veratrum alb. Cold sweat; cramps; profuse green or watery stool.

Arsenic. Watery, fetid stools; prostration; thirst.

Bed must be level. Keep child quiet, well covered and warm.

The Homœopathic Medical Society of Ohio.

The seventeenth annual session will be held at Toledo, O., Tuesday and Wednesday, May 10 and 11, 1881.

Officers: President, H. M. Logee, M. D., Oxford; Vice Presidents, M. H. Parmalee, M. D., Toledo; G. W. Moore, M. D., Springfield; Secretary, H. E. Beebe, M. D., Sidney; Treasurer, J. C. Sanders, M. D., Cleveland.

Censors: Wm. Webster, M. D., Dayton; M. B. Lukens, M. D., Cleveland; R. B. Johnson, M. D., Ravenna; M. H. Parmalee, M. D., Toledo; Wm. Owens, M. D., Cincinnati.

The session will be called to order by the President, Tuesday morning, at ten o'clock. An address of welcome will be delivered by M. H. Parmalee, M. D., which will be followed by the President's address. The President will then appoint the several committees, and will receive the reports from censors, delegates from other societies, etc.

The reports from bureaus will then follow.

Bureau of Physiology and Pathology: J. D. Buck, M. D., chairman, Cincinnati, "The Study of Physiology;" J. A. Gann, M. D., Wooster, "Easy Errors in Medical Microscopy;"

S. R. Geiser, M. D., Cincinnati, "Assimilation in Wasting Diseases."

Bureau of Clinical Medicine: W. T. Boussey, M. D., chairman, Toledo, "Treatment of Whooping Cough;" G. J. Jones, M. D., Cleveland, "Bronchitis as a cause of Tuberculosis;" A. A. Lovett, M. D., Eaton, "Fatty Degeneration of the Heart;" J. H. Wilson, M. D., Bellefontaine, "Hay Fever."

AFTERNOON SESSION—TWO O'CLOCK.

Bureau of Materia Medica: H. H. Baxter, M. D., chairman, Cleveland; Wm. Owens, M. D., Cincinnati, "Action of Drugs in the cure of Disease;" Wm. Webster, M. D., Dayton, "Proving of *Artemisia filifolium;*" Wm. Hoyt, M. D., Hillsboro, "Hints upon the Study of Materia Medica;" E. Gillard, M. D., Sandusky, "*Lycopodium* 3*x* trit. in Organic Diseases of the Colon, and *Arsenicum alb.* 6*x* in Gastralgia."

Bureau of Gynæcology: B. F. Lukens, M. D., chairman, Troy, "Uterine Displacements;" S. S. Lungren, M. D., Toledo, "Battey's Operation;" H. F. Biggar, M. D., Cleveland, "Meddlesome Uterine Surgery;" Ellen M. Kirk, M. D., Cincinnati, "Physical Education as a Means of Preventing Uterine Disease."

Bureau of Insanity: S. R. Beckwith, M. D., chairman, Cincinnati; A. C. Rickey, M. D., Dayton, "Insanity."

EVENING SESSION—EIGHT O'CLOCK.

Bureau of Sanitary Science: J. P. Geppert, M. D., chairman, Cincinnati, "Thoughts akin to Hygiene;" D. H. Beckwith, M. D., Cleveland, "Sewer Gas;" Martha May Howells, M. D., Cincinnati, "The Relation of Psychology to Sanitary Science;" E. R. Eggleston, M. D., Mt. Vernon, "Electricity, Magnetism and Ozone in their relation to Sanitary Science;" O. D. Childs, M. D., Akron, "Chemistry the Key to Sanitary Science."

SECOND DAY—MORNING SESSION, 9:30 O'CLOCK.

Bureau of Surgery: M. H. Parmalee, M. D., chairman, Toledo, "Sub-mammary Abscess;" Geo. W. Moore, M. D., Springfield, "Coralgia;" J. C. Anderson, M. D., Mansfield, "Conservative Surgery;" D. W. Hartshorn, M. D., Cincinnati, "The Influence of the Scrofulous Diathesis in Scrofulous Affections;" N. Schneider, M. D., Cleveland.

Bureau of Obstetrics: J. C. Sanders, M. D., chairman, Cleveland; Albert Claypool, M. D., Toledo, "Management of Accidental Abortion;" E. V. VanNorman, M. D., Springfield, "Monstrosities;" W. L. McCreary, M. D., Greenfield, "A Case from Practice;" S. S. Salisbury, M. D., Washington C. H., "Puerperal Eclumpsia."

AFTERNOON SESSION—TWO O'CLOCK.

Bureau of Ophthalmology and Otology: G. C. McDermott, M. D., chairman, Cincinnati, "Sympathetic Ophthalmia;" Frances Janney, M. D., Columbus, "Catarrh of the Middle Ear;" W. A. Phillips, M. D., Cleveland, "Phlyctenular Keratitis;" Allen J. Vance, M. D., Springfield, "On Opening the Lachrymal Sac and Duct in Cases of Stricture;" Frank A. Schell, M. D., Cincinnati, "Spectacles."

Bureau of Legislation, Registration and Statistics: J. R. Flowers, M. D., chairman, Columbus, full report; C. C. White, M. D., Columbus; Wm. Owens, M. D., Cincinnati.

Election of officers; appointment of delegates to other societies; report of treasurer; unfinished business; adjournment.

Wednesday evening, nine p. m., banquet.

It has been our earnest endeavor to make the coming session of the society one of the most pleasant and profitable in its existence. To this end no pains have been spared to secure full reports from all bureaus, and essays of the most practical and useful information to the busy practitioner will be presented. We also desire all members of the profession to contribute concise papers, reporting interesting cases from practice, provings, etc.

Our Toledo brethren assure us a hearty welcome. The best accommodations will be furnished at the Oliver House. This elegant hotel has reduced its rates to $2.00 per day to all in attendance on this meeting. A special invitation is given to physicians' wives and daughters.

The sessions of the society will be held in a suitable hall, easily accessible to the hotel. We hope each and every homœopathic physician in the state will make an effort to be present.—H. E. BEEBE, Secretary.

Correspondence.

MUNCIE, Ind., January 24, 1881.

EDITOR MEDICAL ADVANCE:—The statements I made in defence of Dr. Taylor's method of treating Wabash ague, still continues to call forth criticisms, mainly from those not living in a malarial district. None of them have attempted to disprove the statement there made, "that *Quinine cures* more cases of ague, and is oftener indicated than any other remedy." Now, gentlemen, if you have any knowledge whatever of the physiological action of *Quinine*, you can see that its effects correspond as closely to those of a malarial fever as it is possible for the pathogenesis of any remedy. But I did not say that it was homœopathic to all cases of chills and fever, but that it was to the majority. Now if you gentlemen who have such an abhorence of the use of *Quinine* will show that the above statement is incorrect, your argument will then have some weight. Nearly all cases of ague reported cured with the potencies, have been those occurring in the spring or were chronic cases, and *Nat. mur.* has been the principal remedy. Now, my high potency critics, let us see what you have to say about indications. Dr. Pearson says: "I am satisfied that the time of day for the paroxysm is unimportant; we are told that *Eup. per.* has chill in the forenoon, and *Apis* in the afternoon, and yet in all the cures I have ever made with *Apis*, the chills occurred in the morning, while some of the most prompt cures I have seen from *Eup.* have been evening chills, also that *Nat. mur.* will cure when the fever sores are present on the lips." Dr. Piersons says: "I think and believe that if the Doctor will place the time of day at which the chill returns in the first place, thirst in the second, time of vomiting in the third, and so on, and if the chill invariably returns at 10 or 11 a.m., with headache, which is relieved by sweat, etc., he can give one dose of *Nat. mur.* 900, and have little further use for *Quinine.*" Now, gentlemen, what do you think of each other? You do not agree. Which shall have the preference? and how will our honest young

doctors know which is correct? But Dr. C. F. Nichols, in the November number of the ADVANCE, makes bold to cast a pearl, as he says, before the Wabash doctors. The case is surely one of great interest, and I admire the great ability displayed by the Doctor in his diagnosis. Some men are peculiarly gifted in that respect, and can find congestive chills at all times and in all seasons of the year. Dr. Taylor, you will, no doubt, be surprised to learn that Dr. Nichols' case was really one of congestive chills, or that a person could be subject to them so long, since childhood, and no abnormal conditions of either liver or spleen manifest themselves, or even that he should live so long. The Doctor's case is evidently one of those chronic cases in which the system has long since cast off the malarial poison and the patient subject to a recurrence of the chills upon every slight exposure. The force of habit in connection with the natural periodicity of the system is sufficient to account for the recurrence of such attacks. If the Doctor thinks he can cure real cases of congestive chills with a single dose of the 900th or 1900th potency of any remedy, he had better come out west and try it. Such cases as the Doctor's are frequently met with and usually cured with the indicated remedy, high or low. I have no doubt Dr. Taylor meets and cures such cases with the potencies, but as he says they are not real agues, the system is not saturated with the malarial poison. Dr. Nichols claims to meet one of the devils, cut and dried ones, occasionally, even in Boston. Now, I will guarantee, that if your patients will give your high potency doctors a chance you will make more such than the average allopath. We are all very apt to bring forward our success, but our failures we keep in the background, and if the failures with the potencies were compared with the successes, the result would not be very flattering to the potencies. It is a very common thing for some practitioners, after having given ten or twelve different remedies in succession, to finally hit the remedy which, as they suppose, performs the cure, they rush to record their success in the medical journal. As good illustration of this may be found in the November number,

viz: *Veratrum* in typhoid fever, where a number of remedies were given without modifying the disease in the least, when just before a critical day in that disease the 21st *Verat.* was given, a change occurring for the better, the result was at once ascribed to the *Verat.* Some doctors forget in their zeal to find something that will take the place of *Quinine* that they may not be practicing Homœopathy, when giving such remedies as *Lycopodium*, *Calcarea carb.*, *Carbo veg.*, *Coffea*, *Ferrum* and many others for malarial fevers, and I defy any of my high potency critics to show that the pathogenesis of any of these remedies has any similarity to a remittent or intermittent fever. I don't mean that you may not be able to pick out a symptom here and there in the pathogenesis of those drugs which may not correspond to some symptom that a patient may have, but I mean the pathogenesis of the drug as a whole. In our text books, H. C. Allen's, for instance, we find the indications for nearly every remedy in the materia medica given for intermittent fever.

Isolated symptoms, as chill, fever, sweat, headache, thirst, chill and fever mixed, condition of tongue, time of day, vomiting, etc., are taken wherever found, no matter what relation they may sustain to each other, or to the pathogenesis as a whole. Because a prover happens to feel chilly, or vomit, or have headache or sweat after slight exertion, while taking the 200th of any drug this is no evidence that the remedy is homœopathic to such a disease as malarial fever. But don't misunderstand me now, as I do not mean that those remedies will not cure *any* cases of chills and fevers, but only that they are not homœopathic to recent malarial fevers. I do not wish to be misrepresented now as saying that *Quinine* is the only remedy that is or may be homœopathic to ague, but that it is to the great majority of cases, and the only reason why it fails so often is because it is not properly given. Furthermore, cases of ague that have been dosed with *Quinine*, even when not the indicated remedy, yield more readily to the proper remedy. Physicians who have taken patients from allopathic hands will testify to the truth of

what I say, (Oh, there may occasionally be a doctor found that will deny the truth of the statement).

I stated in my first article that the hydroa on the lips was one of the most prominent symptoms calling for *Nat. mur*, and it is; and yet Dr. Pierson takes occasion to criticize the statement because he has found that the medicine has other indications. I said nothing to the contrary, nor did I state that they must necessarily be present. Dr. Grabill, in the January number, says, "Any person can see that Dr. P. is not the man to carefully examine his patient and give the indicated remedy when *Quinine* would do as well."

One would suppose that I gave nothing but *Quinine* from what he says. He claims to have treated one hundred and fifty cases of malarial fevers, but he does not state how many of them he cured.

Now I do not claim to be infallible by any means, and I do not deny that I may sometimes give the wrong remedy through ignorance, yet when I see men who claim to be leaders and who dictate what course shall be followed by others, following a method or line of treatment themselves that is anything but scientific or homœopathic, I take courage anew, seeing that others who are so bold as to attack anything which they think not homœopathic, make mistakes still worse.

For an example of pure Homœopathy (?) I refer all to Dr. C. F. Nichols' clinical cases, to be found in the December number of the ADVANCE, where in a case of syphilitic ulcers, he gave no less than thirteen different remedies, and that, too, without giving the indications for them. One would suppose from the article that he gave the second remedy because the first failed to cure, and the third for the same reason, and the thirteenth for the same reason that he gave the others. Now I would like to ask Dr. Nichols which remedy cured his patient? It is not at all likely that those syphilitic ulcers so changed their characters as to call for thirteen different remedies. Such being the case, we would like to know if it is any greater sin to give *Quinine*, even when not

the indicated remedy, than it is to follow such a haphazard, unscientific and foolish line of treatment?

Besides, we would like to ask the Doctor if he considers it homœopathic to treat syphilis with the syphilitic poison, or an ulcer with ulcerine? I suppose upon the same principle the Doctor would treat arsenical poisoning with *Arsenicum*. It is an insult to the intelligent practitioners of Homœopathy to report such cases, treated in such a non-homœopathic manner. If men of ability haven't any more sense than to be dosing their patients with such articles (we won't call them remedies) as *Syphilin*, *Ulcerine*, *Glanderine* and *Psorinum*, they had better step down and out, and not claim to be practicing Homœopathy; besides, any one who would give a non-syphilitic patient *Syphilin*, ought himself be treated with *Plumbum met.* (cold).

If the zeal which some men show in the pursuit of the supposed curative virtues of such substances we just named, was better directed, the result would be productive of more good to humanity and be of greater credit to themselves. It is a wonder that some of these visionaries have not bottled, potentized, and proved the emanations from small pox or the contagium of measles, scarlatina and diphtheria, and claimed them as specifics for those diseases.

Now, I would say in conclusion, that before a person undertakes to pluck the mote from his brother's eye, he had better see to it that he has not a mote in his own eye.—A. J. PHINNEY, M. D.

HOW OUR SCHOOL MAKES DOCTORS.—By Josephus Eleanorus Kinslow, M. D., Professor of Diseases of the Umbilicus in the Dreamtown Medical College.—Since my last writing, I have started a medical college in Dreamtown, and am running it in conjunction

with three other professors. For the benefit of other schools I will give you a description of our college.

Medical schools being so very scarce, and traveling expenses so exorbitant, the legislature of hoosierland thought a school indispensable to Dreamtown and therefore furnished us a perpetual charter.

"Dreamtown is a flourishing little town on the bank of the Vandyke creek," so says our catalogue (which, by the way, has a flashing red cover, and therefore fills a long felt want; every doctor in the land should have it), "having five hundred inhabitants, several groceries where powder and coal oil are sold, and the farmers who live in our township run threshing machines, etc. This, as any medical student can see, furnishes our clinics with occasional material. Boarding at $1.50 per week; students clubbing together can get boarding for nothing; the whole course need not cost more than $75 (whiskey included.)"

"The Faculty," so continues the catalogue, "consists of four members: a professor of anatomy, physiology, materia medica, chemistry and forensic medicine; a professor of surgery, obstetrics, therapeutics and applied medicine; a professor of specialties; and also runs the college, being dean, secretary, treasurer, and door keeper. The text books are a specialty: Practice, Ziemssen's Cyclopædia, Surgery, Holmes' System; of Obstetrics, Obstetrical Plates; Umbilicus, Kinslow's Cyclopedia of."

Two sessions, each of four months (including six weeks vacation), are given every year and students that enter our college (if students that can not write their names, so much the better) will get guarantee that they will recieve a sheep skin at the end of eight months.

Four lectures will be delivered daily and one politcal speech will be delivered every Saturday afternoon in the college. The especial thing we wish to hold forth is that we own a microscope (bought it second hand for $15), an electrical machine (cost $12), an amputating case, etc.

The fees of our college are cheap, seeing that times are hard. General, $30; graduation fee, $5. An occasional drummer is killed (always the same one) and dissected; but we charge no fee for this. Our college edifice is not surpassed by any in the country, it consists of a frame house 20 by 40 feet, having one room (lecture room), a cellar, (laboratory), and a garret (the drummer is dissected here).

We do not belong to the A. M. C. A., and will not apply for admission, as we consider that august assembly a fraud, because it wants to get up "three terms," "higher fees," "better medical education," etc; such stuff will break up our college. All the graduates of our school are furnished with instructions how to gain practice, and those

of our graduates who wish to get two diplomas, we recommend to a certain hospital school in the West, which, at least, did once promise to furnish its graduates with practice. Our premiums are three chromos, given to the three best students. We will soon give out a semi-centennial medical journal, "The Medical Insinuator," in connection with our school.

I hope that this writing will induce every young man and every young woman (who is out of employment) to send for a catalogue and to pitch in. * * *

The age for graduation is twenty-one (more or less); as to having a good moral character etc., we care not.—*Dreamtown Hoosierland, in Dental Register.*

Remarkable Discovery of a Murder.—In the autumn of 1878 a man committed a terrible crime in Somerset, which was for some time involved in deep mystery. His wife, a handsome and decent mulatto woman, disappeared suddenly and entirely from sight, after going home from church on Sunday, October 20. Suspicion immediately fell upon the husband, a clever young fellow of about thirty, but no trace of the missing woman was left behind, and there seemed a strong probability that the crime would remain undetected. On Sunday, however, October 27, a week after the woman had dissappeared, some Somerville boatmen looking out toward the sea, as is their custom, were struck by observing in the Long Bay Channel, the surface of which was ruffled by a slight breeze, a long streak of calm, such as, to use their own illustration, a cask of oil usually diffuses around it when in the water. The feverish anxiety about the missing woman suggested some strange connection between this singular calm and the mode of her dissappearance. Two or three days after—why not sooner I can not tell you—her brother and three other men went out to the spot where it was observed, and from which it had not dissappeared since Sunday, and with a series of fish hooks ranged along a long line dragged the bottom of the channel but at first without success. Shifting the position of the boat, they dragged a little further to windward, and presently the line was caught. With water glasses the men discovered that they had caught it in a skeleton which was held down by some heavy weight. They pulled on the line; something suddenly gave way, and up came the skeleton of the trunk, pelvis, and legs of a human body, from which almost every vestige of flesh had dissappeared, but which, from the minute fragments remaining, and the terrible stench, had evidently not lain long in the water. The husband was a fisherman, and Long Bay Channel was a favorite fishing ground, and he calculated, truly enough, that the fish would very soon destroy all means of identification; but it never entered into his head that as they did so, their ravages, com-

bined with the process of decomposition, would set free the matter which was to write the traces of his crime on the surface of the water. The case seems to be an exeedingly interesting one; the calm is not mentioned in any book on medical jurisprudence that I have, and the doctors seem not to have had experience of such an occurrence. A diver went down and found a stone with a rope attached, by which the body had been held down, and also portions of the scalp and of the skin of the sole of the foot, and of clothing, by means of which the body was identified. The husband was found guilty and executed.

LONGEVITY AND MORTALITY.—During 1880 sixty-eight cities of the United States made weekly death reports to the National Board of Health, and in its bulletin of February 19, 1881, the Board aggregates and tabulates the contents of those reports, exhibiting the results for the year. From this table it appears that Vallejo, Cal., was the healthiest place reported in 1880, and Norfolk, Va,. the unhealthiest. The average life in Vallejo was 83.5 years, and only one person in 1.000 of population died of consumption while in Norfolk the average life was only 27.9 years, and one person in 241 of population died of consumption.

The aggregate population of these sixty-eight cities is 7,359,937, the average duration of life in them was 44.5 years, and there was one death from consumption for every 326 of population, and one death from acute disease of the lungs for every 429 of population. In other words, of every 100 deaths 24.4 were from lung diseases, and of these fourteen were from consumption and 10.4 from acute diseases of the lungs.

Four of the best cities for health were Yonkers, N. Y., average life 70 years; Omaha, Neb., avarage 68 years; Utica, N. Y., 67.5 years; Keokuk, Iowa, 67.1 years, and four of the worst cities were Jacksonville, Fla,. 35 years; Vicksburg, Miss,. 34.8 years; Charleston, S. C., 31.3 years; and Savannah, Ga., 30.6 years.

In Boston the avarage life was 42.5 years, deaths by consumption one in 246, by acute lung disease one in 336 of population; in New York average life 37 years, death by consumption one in 254, and in acute lung disease 260; in Philadelphia life 47.8 years, consumption one in 314, acute disease one in 844; in Cincinnati life 47.8, consumption 346, acute disease 494; Louisville life 47.6, consumption 300, acute disease 410; Indianapolis life 47.8, consumption 447, acute disease 381; Chicago life 48, consumption 593, acute disease 453; St. Paul life 58.5, consumption 561, acute disease 715; San Francisco life 51.8, consumption 295, acute disease 459; New Orleans life 41.3, consumption 256, acute disease 584; St Louis life 52, consumption 447,acute disease 580. The difference between New York and Philadelphia in the general death-rate and that from consumption is great, in that from acute lung disease it is striking.

Next to lung diseases diarrheal disorders cause the greater number of deaths. In every one hundred deaths from all causes in the sixty-eight

cities, ten are from diarrheal disturbance, and there is one death from this source in every 436 inhabitants.

If you had taken your view of the State Board of Health and its doings from the west by south, as we have, you would, no doubt, have concluded, as we have long ago, that the good accomplished by that august body in the three years of its life is more apparent than real, and not at all commensurate with the fuss that it has made, nor with the expense attached to it. It reminds us of throwing a club into a pond of small frogs in spring time, when they are singing their happiest songs—in a moment everything is as quiet as midnight at the North Pole; but in a little while one little fellow less timid than the rest puts his head out, under a leaf, in the most secluded part of the pond, and timidly cheaps out "pede-weet, "pede-weet." In a little while another and then another will start up, and in a short time the whole chorus will be sung with more vigor, if pos sible than before. It has been just so with the efforts of the State Board of Health in the suppression of charlantanism and quackery in our part of the state. The Indian doctor, the corn doctor, the pile doctor, the professor of female complaints, etc, etc., all periodical phenomena, are again abroad in the land, and they are plying their several vocations with as much vigor, and, perhaps, with as much success as they ever did before. There are, we have no doubt, good and sufficient philosophical reasons for all this, the principal ones of which ought to be apparent to all. It has been written that "the sweetest privilege that an American possesses is the privilege of being humbugged," and we have no doubt that this accounts largely for the difficulties the Board of Health finds in the discharge of their duty, as well as for the amount of quackery practiced in the state. The average "Sucker" takes to humbuggery just as naturally as a duck does to water, and like the man who likes his morning dram, they will have it, the laws of the state, and the edicts of the State Board of Health to the contrary, notwithstanding. * *

From letter in Peoria, (Ill.), Medical Monthly.

THE PROTECTION OF FOOLS.—That there are quacks abroad in the land does not admit of a doubt, but if the fools did not sustain these quacks with their patronage they would soon either quit the country or turn their hands to some legitimate occupation. It is questionable whether or not the legislature has the right to prevent men from employing whatever doctor, real or pretended, they may choose to employ. If they choose to risk their lives in the hands of quacks, and to dose themselves with all manner of nostrums, it is nobody's business but their own. In these days there is no excuse for ignorance in matters of health. A person who has faith in mesmerism, spiritualism, hydropathy, allopathy, roots or herbs, has a right to test their healing properties upon his own system, and to kill himself if he shall so elect. If he is denied the privilege of killing himself by the aid of a quack, he will rush to the nearest drug store and procure poison enough in the shape of patent medicines to slaughter an army. No amount of legislation can drive common sense into some peoples' skulls, and all attempts to do so will prove abortive.

DOCTOR'S VISITS are not only for the sick man, but the sick man's friend. His presence is often as good for them as for the patient, and they long for him yet more eagerly. How we have all watched for him. What an emotion the thrill of his carriage wheels in the street, and at length the door, has made us feel. How we hang upon his words, and what a comfort we get from a smile or two, if we can vouchsafe that sunshine to lighten; who hasn't seen the mother prying into his face, to know if there is hope for the sick infant, that can not speak, and that lies yonder, its little frame battling with fever? Ah, how she looks into his eyes! what thanks if there is light there; what grief and pain if he casts them down and dare not say "hope." Or is it the house father that is stricken? The terrified wife looks on, while the physician feels his patient's wrist, smothering her agonies as the children have been called upon, to stay their plays, and their talk. Over the patient in the fever, the wife expectant, the children unconscious, the doctor stands as if he *were fate*, the dispenser of life and death; he must let the patient

off this time, the woman prays so for his respite. One can fancy how awful the responsibility must be to a conscientious man; how cruel, the feelings that he has given the wrong remedy, that it might have been possible to do better; how harassing the sympathy with survivors, if the case is unfortunate—how great the delight of the victory.

Book Notices.

Doctor, What Shall I Eat? A Hand-book of Diet in Disease, for the Profession and the People. By Ch. Gatchell, M. D., formerly Prof. of Theory and Practice of Medicine, University of Michigan. Duncan Bros., Chicago.

Doctor, what shall I eat? A most absurd question to ask. What do the doctors know of dietics? Very little indeed. "Doctor, what shall I eat?" says the patient, looking hopefully and trustingly into the good old doctor's face. O, simple soul, why do you ask him that? "Eat," replies the doctor, starting from his reveries and stroking his beard, if he has any, "Eat, my child, why victuals to be sure." Press him a little further, and he will mention "tea and toast;" a little further on and he gasps, "gruel, my dear, and, and—beef tea. Good day." So then, if you want anything to eat, ask the cook. The object of this book is to make of the doctor something more than a pill peddler. It is a good thing to be given or loaned, or, better still, to be recommended to one's patients. We commend it earnestly as just the thing, simple, plain and scientific.

The Diet Cure. The Relations of Food and Drink to Health, Disease, and Cure. By T. L. Nichols, M. D., Editor of the London Herald of Health.

The title of the twenty-four chapters of "The Diet Cure" are—Health—Food—Water—Blood—The Natural Food of Man—Disease—Prevention and Cure—The Question of Quantity—The Question of Quality—Principles of the Diet Cure—Medical Opinions on the Diet Cure

—Of Diet in Acute, Scrofulous, and Nervous Diseases—The Diet Cure in Obesity—Vis Medicatrix Naturæ—Diet Cure in Various Diseases—The Water Cure—Waste of Life—The Life of the Race—The Population Question—Some Practical Illustrations—Air and Exercise—Of Psychic Force —National Health and Wealth—Personal Advice.

There have been, from Hippocrates to Dr. Gull, many sensible physicians, and some of the best of them are quoted in "The Diet Cure," which teaches that pure food makes pure blood, and pure blood builds up a healthy body. This book is handsomely printed, bound in cloth, and will be sent by mail for fifty cents. M. L. Holbrook, Publisher, 13 & 15 Laight street, New York.

Practical Hints on the Selection and Use of the Microscope. Intended for the use of Beginners. By John Phin, Editor American Journal of Microscopy, etc., etc.

To those commencing the use of the microscope, aye! to those tolerably proficient—we most cordially recommend Prof. Phin's book, two editions of which have been exhausted; the third is now in press. Prof. Phin is widely known as a practical microscopist; anything in the line of "practical hints" from his facile pen will meet with a hearty appreciation.

J. E. S.

A General Symptom Register of the Homœopathic Materia Medica. By Timothy F. Allen, M. D. Boericke & Tafel, New York.

Many of our readers are the happy possessors of Allen's Encyclopedia of Pure Materia Medica. No doubt, many more would be such possessors if they thought they could get sufficient good out of it. Many persons prognosticated failure when Allen began his great work. It seems now that the impossible has, after all, been achieved. The ten volumes have become a solid fact. What they contain is, in a general way, known to every intelligent medical person. They represent and contain the materia medica of the homœopathic school. It is not their fault that they are voluminous. It is no one's fault that our knowledge of drugs has grown to vast proportions. As well might one complain of the accumulation of books in a library. In a half century more our materia medica will be perhaps fifty per cent larger than it now is. Let it be a hundred per cent larger; all the better. It is idle, it is criminal, to say we have too much materia medica. The statement has misled many and prevented them from understanding the subject. The man who complains of our materia medica is generally the man who does not understand it. But allowing it to be desirable as it is, does any one object to the possibility of using it. This statement is not valid in the presence of this magnificent Symptom

Register. If what you want is in the materia medica, you can easily find it here. The arrangement is such that isolated symptoms can be found almost as easily as a given word can be found in the dictionary. This volume consummates and completes the grand work, and we congratulate the editor and the publishers upon the termination and success of their labors.

HAND BOOK of Urinary Analysis; Chemical and Microscopical. For the use of physicians, medical students, and clinical assistants. By Frank M. Deems, M. D. 12mo. Limp Cloth, 25 cents. New York; Industrial Publication Co. This Manual presents a plan for the systematic examination of liquid urine, urinary deposits and calculi. It is compiled with the intention of supplying a concise guide, which from its small compass and tabulated arrangemement, renders it admirably adapted for use, both as a bed-side reference book and a work table companion. The arrangement of the matter, and the small though clear type in which it is printed, has enabled the author to compress a great deal into a very small compass, so that, while serving all the purposes of an analytical table, it is really a good deal more, although it is not, of course, to be supposed that this brochure can take the place of larger books.

Editor's Table.

Dr. J. W. VANCE has moved to Madison, Wis.

DR. S. LILIENTHAL removed to 238 West 34th street, New York.

IT IS thought the bone of contention may be found in the mandible.

THE ground lost by homœopaths refers to the superficial quality of cemeteries.

Drs. LUKENS and HIER have formed a partnership, and have their office at 278 Race street, Cincinnati, O.

A CENSUS schedule contains under the head "where born?" one of the children as born "in the parlor," and the other as "upstairs."

CHINESE women sell the milk of their secretion, removed in presence of purchaser at a high price, for use by old people and consumptives.

WANTED.—Allen's Encyclopedia of Materia Medica; all or part of the volumes, must be cheap. Address H. C. MORROW, M. D., Sherman, Tex.

CHANCELLOR CROSBY, of New York, says he has investigated the cases of thousands of street beggars, and never yet found a Yankee among them.

"How many deaths?" asked the hospital physician while going his rounds. "Nine." "Why, I ordered medicine for ten." "Yes, but one wouldn't take it."

A LITTLE girl wanted more buttered toast, but was told she had enough, and that more would make her ill; said she, "Give me anuzzer piece and send for the doctor."

AN EASY and very effective way to terminate narcosis from anæsthetics is to irritate the nasal mucous membrane with a light substance, as paper or a feather; the addition of *Ammonia* makes the irritation greater.

"SEE, nurse, see!" exclaimed a delighted papa, as something like a smile irradiated the face of his infant, "an angel is whispering to it!" "No, sir," replied the matter-of-fact nurse, "it is only the wind in its stomach!"

THE next annual meeting of the Homœopathic Medical Society of the State of Michigan, will be held in Ann Arbor, May 17 and 18. O. R. Long, M. D., President; R. B. House, M. D., Secretary. A large attendance hoped for.

THE Physician's and Surgeon's Investigator informs us that Dr. Gregg's article on diphtheria, which appeared in our February number, had previously been published in that journal, a fact we were not aware of the time, and hence the apparent discourtesy.

THE forty-first semi-annual meeting of the Montgomery County Homœopathic Medical Society will be held at Dayton, O., May 5th. An interesting and profitable meeting is anticipated. You are cordially invited to attend.—JAS. K. WEBSTER, M. D., Secretary.

THE Harvard Register, for February, we received, and noted its improved form. The attractiveness of its typography held our attention and compelled the perusal of many articles that, served in an ordinary dress would not have retained us at all. Moses King, Publisher, Cambridge, Mass.

LADY physicians, two hundred years past, in Boston. "Ordered that Jane Hawkins have liberty till the beginning of the third month, and then the magistrate, if she does not depart before then, is to dispose of her; and, in the meantime she is not to meddle with surgery or physic, drugs, plasters, or oils, nor to question matters of religion, except with the ministers for her own satisfaction."

WE REGRET to announce the demise of The Organon. Every American reader will note the fact with sorrow. That we did not in all things agree with the talented editor does not mitigate our regret. Dr. Skinner is a genuine inspiration. He writes with a vein and an assurance rare to find in our profession, and whatever may be his peculiar notions upon some points, he gave us an excellent journal, worthy of a longer life.

THE following is in a correspondence to the Indianapolis Sentinel: "A healthier set of boys of the same number, it would not be easy to find, notwithstanding many inherited evils. Only three deaths have occurred within a year. The assistant superintendent, Dr. J. E. Welliver, is also the physician, besides being a house father.'" The Indiana House of Refuge is to be congratulated for securing such medical service.

THE INSTITUTE OF HEREDITY, will hold a public convention in Wesleyan Hall, 36 Bromfield street, Boston, Mass., on Wednesday, May 25, 1881, beginning at ten o'clock, a. m., and continuing through the day and evening. The convention will be addressed by some of the foremost and most prominent leaders of public thought in the country. Names to be announced in the press hereafter. Please keep this notice in memory, and give your presence at the convention if possible.—LORING MOODY, Secretary, Boston.

THE advocates of cremation, as an economical and sanitary mode of disposing of the dead, appear to be increasing in number and confidence. It is now proposed to establish a crematory in Brooklyn, a gentleman having tendered a plat of land there for the purpose. Steps have been taken to organize a society for the construction and operation of the crematory, with an associated society for collecting, collating, and publishing information in relation to cremation and its advantages. It is expected that the expense of cremation may ultimately be reduced as low as five dollars.

"LOST your hair very early, Professor!" "Yes, very early." "Great misfortune that, and the cause may be?" "Why, as to the cause, it was simply this: the life I led at college had a direct tendency to keep my head cool—I may say cold; and being, moreover, a barren soil, the hairs were dissatisfied and went off to some richer pasture." "Ay, but I see they have not *all* deserted; there's half a dosen white ones, at least, peeping under the wig." "Just so, and from the same cause; for in very cold regions, you know, the hares are all white, otherwise they would have run off like the rest, or perhaps they are too starved to quit."

ARRANGEMENTS have been made for the meeting of the American Institute at Brighton Beach, commencing June 14th. This will be immediately followed by the "International Homœopathic Convention," in London, to begin July 11th. The committee having in charge the matter of trans-Atlantic transportation have issued a circular giving all the information they have so far obtained. The circular can be obtained by com-

municating with either of the following gentlemen: Dr. I. T. Talbot, 66 Marlborough street, Boston; Dr. Wm. Tod Helmuth, 299 Madison avenue, New York; Dr. B. W. James, corner 18th and Green street, Philadelphia.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION.—Dr. Edward Hamilton, of London, has resigned the presidency of the convention, to assemble in London on July 11, 1881, and Dr. Richard Hnghes has been appointed in his place. The many American physicians who met Dr. Hughes at the Philadelphia Convention, in 1876, will be glad to see him occupy this position, and those who know the active interest he has exhibited in it from the first, and the amount of work he has already bestowed upon it, as well as his great professional and executive ability, will recognize the fitness of making him its president. The Convention promises to be one of unusual interest and importance, and it will be a favorable time for our American brethren to visit England.

THE twenty-first commencement of the New York Homœopathic Medical College was held at Chickering Hall, on the evening of Thursday, March 3d. A brilliant audience filled floor and gallery. Fifty-three members of the graduating class received degrees. The adeundem degree was conferred on Prof. G. F. Roberts, M. D., of Iowa City, Ia. The introductory address was delivered by Prof. J. W. Dowling, M. D., Dean of the College, after which degrees were conferred by Hon. Salem H. Wales, President of the Board of Trustees. This was followed by presentation of prizes, by Prof. F. S. Bradford, M. D., Secretary of the Faculty, after which came the valedictory on behalf of the graduates, by B. S. Keator, M. D. The exercises closed with an address, by Rev. Dr. Conkling.

PERSONALITIES.—In connection with many subjects, it is impossible to not mention persons. But in the discharge of our duties as a journalist, it is not our intention to indulge in personalities. If, however, a man whom we happen to name is hypersensitive in his cuticle and turns upon us with evident irritation, we always feel sorry for him, and sincerely regret that it was necessary to mention him. A certain warm personal friend of ours—one who has been such for years—has been in an unfortunate state of ebulition for over a year, in consequence of our use of his name. He is daily growing more childish, and, as a friend of his says, he is even "snappish," and we are sorry for it. We suggest that he cease writing for the journals for a while and improve his health and mental equilibrium. There, now, if there is anything "personal" in this we don't know it, and beg pardon.

AMERICAN INSTITUTE OF HOMŒOPATHY.—Session at Brighton Beach N. Y., June 14th-17th, 1881. Bureau of General Sanitary Science, Climatology and Hygiene. Subject for discussion, Personal Hygiene. The

following divisions have been made for papers to be presented: Bushrod W. James, M. D., Philadelphia, Pa., Chairman. Progress of sanitary affairs during the year. Introductory paper, on Hygiene and its relation to medication. D. H. Beckwith, M. D., Cleveland, Ohio, Personal Hygiene as to the air breathed. T. S. Verdi, M. D., Washington, D. C., Personal Hygiene as to dwelling occupied. T. P. Wilson, M. D., Ann Arbor, Mich., Personal Hygiene as to habits formed. E. U. Jones, M. D., Taunton, Mass., Personal Hygiene as to district inhabited. L. D. Morse, M. D., Memphis, Tenn., Personal Hygiene as to clothing worn. G. W. Ockford, M. D., Burlington, Vt., Personal Hygiene as to fluids drank. W. H. Holcombe, M. D., New Orleans, La.; Personal Hygiene as to food eaten. H. W. Taylor, M. D., Terre Haute, Ind., Personal Hygiene as to business followed.

HOMŒOPATHIC Medical Society of the State of New York.—Office of the Recording Secretary, A. P. Hollett, M. D., Havana, N. Y., March 8th, 1881.—Dear Doctor: By suggestion, I herewith send you a list of officers of our state society, elected at the annual meeting, at Albany, February 9th and 10th: Selden H. Talcott, M. D., President, Middletown; Vice Presidents, J. J. Mitchell, M. D., Newburgh; A. J. Frantz, M. D., Geneva; G. W. Peer, M. D., Rochester; A. P. Hollett, M. D., Recording Secretary, Havana; C. E. Jones, M. D., Corresponding Secretary, Albany; E. S. Coburn, M. D., Treasurer, Troy; Censors, Northern District, Drs. A. W. Holden, G. W. Little and L. A. Clark; Southern District, Drs. W. M. L. Fiske, J. H. Demarcit and C. M. Lawrence; Middle District, Drs. C. E. Swift, M. O. Terry and Geo. B. Palmer; Western District, Drs. W. B. Kenyon, E. H. Hurd and B. F. Williamson. Semi-annual meeting at Watkins' Glen, September 6th and 7th, 1881. Annual meeting in Albany, second Tuesday in February, 1882.—A. P. HOLLETT, Recording Secretary.

I WISH you would request through the columns of the ADVANCE, some physician who lives in the south, to write an article on remitting fever, or a fever in which there is no chill except possibly at first, but continuous fever day after day, for weeks, and probably for eternity, if it was not finally cured. It is the most persistent, aggravating, tormenting disease which the physicians of the south, or at least this portion of Texas, have to combat. The books (homœopathic) and medical journals give about as much light on it as a treatise written by a Comanche Indian on astronomy would of the customs of the inhabitants of Jupiter. It is eternally mixed up with intermittent fever, a species of typhoid fever, (see Lilienthal) and every other kind of fever except itself. It is not intermittent, as usually understood, nor bilious, nor typho-malarial fever (although it is sometimes called all these) but a species (sui generis) of itself, and a man who can give us light on it from practice—clinical cases, not from the books, will confer a favor on the inhabitants and homœopathic physicians of Texas. H. C. MORROW, Sherman, Texas.

CINCINNATI MEDICAL ADVANCE

T. P. WILSON, M. D., EDITOR. ANN ARBOR, MICH.
J. P. GEPPERT, M. D., ASS'T EDITOR. CINCINNATI, O.

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"THE New York Medical Times" takes the place of "The Homœopathic Times." This we approve, for honesty becomes a journal no less than a man. Sailing under false colors is always dishonorable. To be homœopathic in name and eclectic in practice is not the square thing. The editor says the change is made so that he may in the future be "free to discuss the great questions pertaining to every department of medicine with candor and courtesy." He says, "We prefer a name which will enable us to look to the vastness of the whole of medical science rather than a single law, *however important.*" We have italicised the last words. Note: "Homœopathic" stricken out and "New York Medical" inserted. By this token, will the editor confine himself "to the vastness of the whole of medical science" in New York? Let us see if he sticks to his text well. *Vale in Pace.* The "Homœopathic Times" is no more. The honored name it once bore could not consistently be dragged down to the low level on which the journal traveled. Its editors were equal to most excellent work, and we regret that they could find it agreeable to spend so much time in proving Homœopathy to be the weak thing they thought it was. If the above remarks are truthful, they are not exactly original, but adapted, as it were, from one of our new exchanges.

DR. L. E. OBER, of La Crosse, Wis., died March 26, 1881. Of the possibility of this event we have long been apprised. It is, however, none

the less painful, for in the death of this man we have all met a severe loss. True, he was but a physician, and might have lived and died like thousands of others, in obscurity, or like many more, his loss might have been felt only within the narrow circle of his daily duties. Dr. OBER, however, was a good deal more than is ordinarily comprised in the name of a physician. He was a man of large capacities, that could not rest satisfied with mere professional work. His social nature, his intellectual wants, his untiring energy, his boundless interest in the success and prosperity of his chosen profession, made him always prominent in state and national affairs. Where busy hands were required, where willing labors could be bestowed, where words of wisdom were needed, there might Dr. OBER always be found. And yet no man could exceed him in unaffected modesty. He shrank always from notoriety. He worked with rather than for others. Where his services met with unexpected and unsought recognition, he would blush like a girl, and stammer like a school boy. But Dr. OBER was a man of such well balanced mind that his aid and counsel were always sought after. And whatever he did was without ostentation or grudging. His moral character was of the highest order, and he kept himself studiously aloof from all that might weaken or mar his relations to society. He was an earnest believer in, and careful practitioner of, Homœopathy. He understood it and had faith in it. Dr. OBER was in all respects a model worthy of imitation. Peace to his dust.

A TEMPEST IN A TEA-POT.—All about poor LORD BEACONSFIELD. One Dr. QUAIN, (allopath) and one Dr. KIDD, having been in consultation over the gouty old lord, the College of Physicians of London called Dr. QUAIN to account for consulting with a homœopath. If it all turns on KIDD'S being proven a homœopath, Dr. QUAIN may give himself no further trouble. KIDD makes no claim, and holds none, to such a title. He is a liberal allopath, but he is too much so for the moss backs who rule the Royal College of Physicians. These fossiliferous old grannies hate new ideas as thoroughly as the devil hates holy water. And so the allopathic school must suffer the disgrace of such fogyism for the hundredth time. If moles and bats could take possession of the college in question, there might be some twilight safely introduced. So long, however, as these antediluvian specimens reign there, it will be only Cimmerian darkness, and such that it can be felt. Poor old fellows! It makes one's heart ache to see their foolish antics.

A NEW HOSPITAL.—Mr. GEO. I. SENEY has given the handsome sum of $270,000 for another general hospital to be located in the southern section of Brooklyn, N. Y. The plan of Mr. SENEY contemplates the erection of a number of small buildings rather than a single large one, so that particular diseases may be located and treated apart. The above we learn from the Scientific American, and suppose it must be reliable

news. Whether it be good news or not depends. It will not be the best of news if the hospital, when finished, is to be turned over to the old school doctors, and to be under their management. It is a notorious fact that very few of them are competent to deal properly with such an institution. If there be any truth in history or statistics, this fact can be abundantly substantiated. Not one hospital in a hundred is run for the benefit of the suffering. Whatever the founders of these institutions, private or public, may intend, it is certain that largely the only parties benefitted are the doctors. The allopathic school has no faith in medicine, and no skill to cure. They know less about the curative action of drugs than the average quacks whom they so mercilessly hunt down. If Mr. GEO. I. SENEY will build a hospital and keep allopathic doctors out of it, he will do humanity service. A hospital full of patients, having good nursing and the right hygienic management, would be infinitely superior to any hospital now in New York under allopathic drug doctoring. What a novelty that would be! But what a gain it would be to humanity! How long will it be, O, Lord, before we can have a hospital where the sick shall not be poisoned? Call not such a hospital a do-nothing institution. It is an institution doing its best for suffering humanity, unless you add homœopathic treatment.

THE AMERICAN INSTITUTE.—We have thoroughly advertised the next meeting of the American Institute of Homœopathy. Its work this year will be anxiously looked for. There is no disguising the fact that the eclectic wing is for the present in the ascendant. But we have great faith in the wisdom, or call it policy if you please, of President DOWLING. In the transactions of the homœopathic medical societies of New York state and city he has long held a foremost position. His medical views are extensively known. But as the presiding officer of a great national body he can not afford to proclaim in his address such views as have made him notorious throughout the country. He knows ve v well what would happen if he should utter words that might serve as fire brands to divide his flock. He can not afford to have fatal dissensions spring up to forever mar the memory of his administration. President DOWLING is wiser, let us hope, than some of his friends. There is no need of an open rupture, and a modicum of political sagacity will enable him to safely steer his magnificent craft between Scylla and Charybdis.

Wabash Ague.

I am delighted to learn that you have such a great man amongst you as Dr. A. J. Phinney. He thinks so profoundly and argues so logically, and is so careful in his conclusions, that he must be a gray haired veteran, or possibly, entirely bald. I wish I knew him. I have been so long treating syphilis with *Syphilinum*, and poisoned cases with the identical poison, and have used *Glanderine* in ozena, and *Psorinum* in a great variety of cases, *Diphtherine* and *Lac caninum* in diphtheria and scarlet fever, *Variolinum* in small pox, *Opium* and *Alcohol* to cure narcotism and alcoholism, and making *cures* and permanent ones at that, that it is a real comfort to know that I have been laboring under an illusion all the time and insulting intelligent(!) practitioners of Homœopathy, (I did not intend to do it), and that I haven't any sense.

You see, I feel a great responsibility removed from me; I have come out from under a cloud, and begin to "see myself as others see me," but before I step down and out, I wish you would ask Dr. Phinney, (I have never been introduced, and it might seem impertinent in me), if he would be willing to tell you privately *how he ascertained* that a high potency of *Arsenic* would *not* cure symptoms produced by a poisoning with *Arsenic*.

I can easily understand why *Syphilinum* don't cure a chancre. As soon as the patient finds that he has taken the horrible drug, he gets mad and recovers at once, just to prove that *Syphilinum* had nothing to do with it; and then, I presume, he goes and get *Plumbum met.*, cold, as advised by the Doctor, and that accounts for the fact that there are so few who practice with nosodes and high potencies "out west."

As no honest man can give so dogmatic an opinion on any subject until he has carefully and conscientiously experimented with all the ability he has, I suppose Dr. Phinney will be able to give an account of the various cases in which

he carefully tried the drugs as directed, in the various conditions of sickness in which it is claimed they were efficacious, and how he failed in every case.

If he can not do this, if his dogmatic assertion has only his own idea as a foundation, he stands in an unenviable position before the profession, as an "irrational person who affirms and denies something of which he is profoundly ignorant."

In conclusion, I will add the Doctor's original remark, amended, commending his medicine to his own lips: "Before a person undertakes to pluck a mote from his brother's eye, he had better see to it that he has not a very large beam in his own eye."—S. SWAN, New York.

Wabash Ague.

The ghost of Wabash ague is again shaking its bones in your April number. Whenever an eastern physician says anything about ague, some western man at once rattles the bones of the Maumee, Wabash or western disease in his face, and tells him he does not know anything about ague, and advises him to come west with his infinitesimals and try his hand, and already exults over his expected failure. They say the western ague can only be treated successfully by *Quinine*, in heroic doses. They ignore the fact that there are numerous high dilutionists in the west who treat the disease successfully with their favorite dilutions. I am not one of them, as I rarely use higher than the 6th dilution in that disease. I am, however, always profited by the cases reported by these men of infinitesimal proclivities. I find they prescribe homœopathically according to the indications. I, however, give low dilutions for the same indications, and I, too, succeed in curing my cases. For fifteen years I fre-

quently gave the indicated remedy as well as I could, and then aided it by *Quinine*, *Chinoidine*, or some other preparation of bark, in heroic doses. I generally succeeded—not in curing, but in arresting the paroxysms for the time, and thus put money in my purse; for I was quite sure to have the case again to treat in from one to three weeks. My patients fared better than those of my allopathic competitors, because I gave my *Quinine* at the time indicated by Hahnemann, and thus cured, or rather arrested, cases where others had failed with the same remedy.

If the disease got a foothold in a family in July, I was pretty sure of business there, until November, with his frosts, cured them. This method, however, did not satisfy me. For the last ten years I have seldom resorted to the use of *Quinine*. I don't think I ever cured as many as one per cent. of my cases with heroic doses of any of the preparations of bark; I only suppressed them I now carry Price's time-table in my pocket, and consult that in every case. I usually find the indicated remedy among those named opposite the hour when the paroxyism comes on. If I should find some other remedy better indicated by the symptoms of the case, I would not hesitate to give it. I do not consider the time-table infallible; it is to me a great help.

For the last seven years I have not had the paroxysms return in more than two per cent. of the cases treated. Part of these years was spent on the banks of the classic Maumee, and the remainder in the city of Wabash, in the county of Wabash, on the Wabash canal, and Wabash railroad. We have the Wabash ague pure and unadulterated.

Dr. Phinney says: "If you have any knowledge whatever of the physiological effects of *Quinine*, you can see that its effects correspond as closely to those of a malarial fever as it is possible for the pathogenesis of any remedy."

Now, as I am but a beginner, I do not claim to have such physiological knowledge, but know no better than to grope through the homœopathic materia medica for a remedy that had produced pathological effects similar to the symptoms of the case for which I am about to prescribe. Perhaps when

my intellect becomes more matured my knowledge will so increase that I may be able to cure a majority, at least, of my cases with *Quinine*. I can, then, like my allopathic brother, say that "I would rather treat ague than any other disease, because it takes no brains. All you have to do is to give *Quinine*, and if that fails, give more *Quinine*." I find that the quinine disease occurs at the hours of 10 and 11 a. m. and 3 and 10 p. m. Now, the majority of my cases do not occur at these hours, and again, of the number that do so occur, the greater number call for other remedies, which seem, to my inexperienced judgment, to be better indicated by the pathological symptoms recorded in their pathogeneses.

There is a class of agues in which I make many failures, and these are very prevalent in this locality. In fact, I don't know how to treat them, so as to cure them quickly, safely, and pleasantly. These are the chronic quartans. Will not some brother, east or west, high or low dilutionist, throw a little light in that, to me, dark corner? T. C. HUNTER, Wabash, Indiana

Materia Medica.

On the Relation of Drugs to the Morbid Process. By Prof. Wm. Owens, Cincinnati. Read before the Ohio State Homœopathic Society, at Toledo, O., May 10th, 1881.

Mr. President and Members of the Society: The thoughts contained in this paper are based upon what has been recently demonstrated by the study of histology, comparative anatomy and comparative physiology, (to wit, that life is a

unit), organization is according to law and the cell is its representative; that protoplasm alone is living matter, and as the clay in the houses of the potter. And that the whole of the phenomena of organization and of life should be re-studied in the light of modern science; that disease so-called is not a thing tangible, but the product of forces in themselves normal. All of the phenomena of morbid processes taking place in the organism are but perturbed physiological processes; that so-called nervous diseases are secondary and subjective. So-called diseases of the blood do not exist from any primary condition of the blood *per se*, but arise from causes lying behind forces controlling the circulation. This force resides not in the brain or spinal cord, as usually taught by physiologists, but in the vegetative, sympathetic or organic nervous system, and more particularly within the great center of organic life, the solar plexus. These fundamental propositions can not be discussed in detail here, and must therefore be deferred.

It has been well said that a thorough knowledge of pathology is the only rational basis for therapeutics; for by the study of pathology we are enabled to approach more nearly to the etiology of the morbid processes which affect the organism and which will greatly assist us to make an intelligent selection of the means for their removal. I hope to show that materia medica is of no less importance to the therapeutist than pathology. After the pathologist has discovered the relation of the morbid process to the organism, it remains for the therapeutist to select the remedial agent, and he can only do this by a thorough knowledge of materia medica. The homœopathic therapeutist claims that he has a law by which this can be done, to wit, the relation of the drug to the morbid process as revealed by its pathogenesis, while Hahnemann has demonstrated this relation unequivocally, he has failed to suggest the modus operandi of the pathogenetic process by which these results are brought about, and, in fact, says that it is useless for the physician to have this knowledge. All rational therapeutics must spring from a purpose or design to accomplish an object. To do

this we must use means for an intelligent purpose. To use them intelligently we must not only know that they will induce a desired result, but ought also to know by what process it is accomplished. The vast monument of valuable drug provings bequeathed to us can not be fully appreciated until we can comprehend how this drug or that produces its effects upon the organism, and not only that, but the tissues to which the drug seems to be related.

During the latter part of the last century and the fore part of the present one, there lived a celebrated French physiologist, Bichat, who announced the opinion that man was possessed of two nervous systems, and that he passed two kinds of life. One of these nervous systems he denominated the vegetative or sympathetic—that system of nerves which presides over organic life—and the other or second nervous system he called the nervous system of animal life, or cerebro-spinal nervous system, which brought its possessor into contact with external nature, and gave him the sensations of pleasure and pain.

The first is endowed with all of the functions essential to mere animal or vegetative existence, innervation, nutrition, respiration, circulation, secretion and excretion.

The second class of nerves, described as the cerebro-spinal, enabled its possessor to see, hear, taste, smell, feel and move, and superadded the ability to comprehend, understand, combine reason and appreciate all of the sensations derived from all the other organs and functions of the body. The definition of the first class of nerves is all that we could desire. That of the second might be greatly extended, and embraces psychology, sociology, pneumatology, and for the purposes of this paper, might be here dismissed with the observation that it is non-essential to the physical existence of vegetable man or animals; the first class of nerves being alone the agency through which all of the functions essential to organic life are performed, and upon which alone we shall devote our time to elucidate a scientific basis for the homœopathic materia medica. The first question which arises is this: What effects do drugs produce upon the system? and the second is, What

tissues are involved in producing these effects? And the third question is, What effects are produced upon these tissues by drugs? In answer to the first we say, Drugs when introduced into the organism are foreign substances, and produce irritations, followed by stimulation or excitement; and in answer to the second question reply, Surely not upon passive organs like the bones, tendons, cartilages, muscle or blood, for under normal conditions these are insensible and could yield no response. All of the functions performed by these tissues are induced by nerves supplied to them, which are irritated by the foreign substance introduced into the organism, inducing stimulation or excitation, which is essential to the performance of all function. If those acting drugs as foreign substances induce disturbances in the organism, it follows that the irritating substance must be brought into contact with nerve tissue. And this brings us to our third enquiry, What are the effects upon nerve tissue resulting from the application of those irritating agents to it?

We know that electricity is a nerve irritant, and that Matteucci, Claude Bernard, Hammond, Beard, Brown-Sequard and many others, have by direct experiment demonstrated its power to increase the functions of organs, and that when the primary current is applied to the vaso-motor filaments of the sympathetic, immediate increase of function takes place. Increased secretions from the liver, kidneys, salivary glands, mucous membranes and skin, have all been demonstrated under the use of electricity, not in consequence of any specific property in the electricity itself, for when a feather, piece of wood, metal, or the fingers was applied to a severed nerve the result was the same. Yielding increased, secretion increased, muscular action, and in some cases, increased nutrition of the part. Claude Bernard exposed the gustatory nerve in a dog before it receives the communicating branch of the lingual nerve, having before him a sensory motor and sympathetic (organic) filament. He then divided the gustatory nerve, when immediately all secretion from the submaxillary gland ceased. He then pinched with his fingers the centripetal end of the nerve, when there was an im-

mediate flow of saliva from this gland, while the parotid and sublingual remain dry. He then severed the chorda tympani, leaving the gustatory intact; the result was the immediate arrest of secretion in the sublingual, which was restored on touching the peripheral extremity with a feather, a current of electricity (primary) was applied with a like result. Every time the positive pole touched the nerve, a drop of saliva was discharged. When the current was applied to the central extremity of the nerve no effect followed. So too, it has been demonstrated that irritation applied to the floor of the fourth ventricle, increased function of parts supplied by nerves which have their origin here.

Claude Bernard divided the sympathetic nerve in the neck of a horse; increased vascularity immediately followed, when the corresponding parts were soon bathed with a copious sweat. Injuries to the cardiac ganglia of the sympathetic caused distension of the pericardiac vessels, attended with increased serous exudation into the pericardium. Injuries to the solar-plexus caused increased accumulation of blood in the liver and spleen, with greatly increased flow of bile, and in some cases, increased size of the liver itself was observed. In rabbits the secretion of intestinal mucus was so increased that the fecal pellets become soft, and lost their rounded form, were pulpy and covered with slimy mucus.

The experiments made upon cats and dogs resulted in a similar manner. These, with the numerous and exhaustive experiments made upon frogs, rabbits, dogs, cats, sheep and guinea pigs, by Matteucci and others, all tend to show that all function of a part or organ depends upon the susceptibility of a part or organ to receive impression from external objects, and that this is itself dependent upon the integrity of nerve filaments. All function ceases the moment that the continuity of nerve tissue ceases, and that the restoration of continuity or the application of an irritant restores function. Upon this point but one proposition remains and that is to show that drugs sustain in this respect the same relation to the human organism that electricity does. We have seen that the application of a feather, piece of

wood, or metal, to a sympathetic (organic) filament produces the same result as if electricity had been so applied, secretions followed.

If a pungent, sapid or irritating substance enters the mouth or any of the canals lined with a mucus membrane, the result is a flow of saliva or watery mucus. Should such a substance enter the stomach increased flow of mucus and gastric juice follows; if the substance be transferred from the stomach to the intestinal canal, intestinal secretion or intestinal catarrh becomes established. These secretions are the product of normal function; when the irritant is applied the function becomes excessive or abnormal and tends to exhaustion. Should the irritation be greatly prolonged or intensified, we have exhaustion of nerve force, which is followed by loss of functional power, with paralysis.

Matteucci, Bernard Hammond, Beard and others have abundantly shown, that the primary current of electricity speedily exhausts the irritability of nerve fibre, and leaves the part in a state of exhaustion or paralysis; and that this condition can up to a certain point be counteracted by reversing the current or by using the Faradic current.

The same law holds good in regard to the action of drugs; if the dose be large, oft repeated, or long continued, the primary effect is to overstimulate and greatly increase the function or office of a part, when finally exhaustion follows, and paralysis or loss of power supervenes.

That which is true of electricity and drugs is true of all forms of motion or force, whether applied to atoms, molecules or masses. Having reached the conclusion that all function is dependent upon the presence of nerves, it becomes necessary in the prosecution of our study to ascertain, first, what class of nerves is involved, and, second, what these nerves are composed of, and, third, wherein resides the power which yield the nerve force, displayed in the performance of the various offices of the human economy.

We have seen that what Bichat describes as the vegetative nervous system, in man performs all of the offices essential to his physical existence; it carries on the processes of in-

nervation, nutrition, secretion, circulation, excretion and respiration, and these without the aid of the offices performed by the brain and spinal cord.

Heretofore the existence of a nervous system in plants has been accepted as an inference and from analogy rather than from demonstration, Recently Chas. Darwin has set this matter at rest beyond a doubt, showing a harmonious chain of innervation, from the lowest to the highest form of organic life, and that the functions performed under the influence of these nerves is in all forms relatively the same.

The next question, of what are these nerves composed? is answered by the histologist. Darwin, Huxley, Beal, Fletcher and Schwann agree that the most primitive form of organization is the cell and aggregation of cells, and that before cell protoplasm alone existed, and that this is unorganized pabulum, in it is developed the cell, with or without nucleus or nucleolus, and may exist with or without cell wall, and that there is no physical or chemical difference between the cell which would develop into a vegetable or into an animal, and that the impression which develops the one or the other is received while it is in its most plastic state. The type is generic. The organization is dependent upon a specific influence. It must appear, therefore, if disease exists in the organism, it must consist in some morbid impression made upon the protoplasm which enters into the structure of the organism in its unorganized state.

It is from this point that the student of homœopathic materia medica must commence his study of morbid conditions affecting the organism, whether arising from so-called natural or artificial causes, As we have seen, all of the functions essential to organic life, either vegetable or animal, are performed under the control of the vegetative nervous system, or as commonly called, the sympathetic, and more properly, in our opinion, named the organic nervous system, and that all life results from and is carried on by this normal performance of the various functions appertaining to it, and that any deviation from this normal functionalism results in so called disease, it follows that all agencies or medication used in the

removal of these morbid conditions should be applied to the force which sustains those functions, and which tends to guard against such conditions as would result in their disturbance.

We see the same causes producing so-called disease in the vegetable as well as in the animal according to their natures, the vegetable will no more endure excessive heat, cold, warmth, moisture or bad nutrition, than will the animal. It will as certainly either fade and die if deprived of light, air and suitable shelter as the animal will. If the supply of protoplasm is cut off or supplied in insufficient quantity, the plant will languish and become dwarfed as well as the man. Hence we see that there is in them a common bond, a nature common to all, and upon the integrity of which a common life (organic life) depends. And it is from this point that the study of the laws of health, of life, of disease and death should be studied, and from which alone a scientific basis for homœopathic materia medica could be derived, the law of nutrition and denutrition. The law by which constructive and retrograde metamorphosis are brought about, and the agencies which accomplish these results are the first and most fundamental part of our medical education. The question arises, can this be attained? We believe that it can, by a thorough and careful study of drug action in relation to disease in its entirety. Its etiology, its pathology, (both functional and organic) and in its symptomatology. If this can not be done, then our therapeutics is not a law, it is mere empiricism. But on the other hand, if we can show by what process *Cinchona* brings about a state of chill or cures it, by what process a *Cinchona* cachexia is produced, and give the various steps in the process, and show why the blood undergoes certain pathological changes under its influence, show what changes take place in the spleen, liver and pancreas. How and why it arrests gangrene and favors the healing of indolent ulcers. And how and why *Secale* causes gangrene at the periphery; why and how it produces contraction of the uterus, the intestines, and all non-striated muscular tissues; why and how it causes delirium and convulsions. Through what process and

how *Belladonna* and *Aconite* disturb the circulation; why and how they induce cerebral hyperemia; why one induces arterial congestions, and the other venous congestions. Why and how *Arsenicum* at one time induces gangrene, and at another arrests it, and in short, we can never have a scientific materia medica until we can explain the rationale of the action of the drugs we use and demonstrate that action in harmony with natural law. It is not necessary that every drug should be analyzed before we can claim for any a scientific value, or that we have reduced it to a scientific test. You ask me, can this be done? I affirm that it can. You ask me, how? By first securing a basis in the organism from which it can be said that the morbid process springs, and this shall be applicable to every drug. Do drugs produce their effects through the blood or nervous system? If not through the blood, which can not be maintained, through which of the nervous systems—cerebro spinal or sympathetic, (organic) does the morbid process invade the organism? As we have shown above, all of the functions of the organism are under the control of the organic or sympathetic system of nerves, and as the organic nerves control the functions of the organism, we arrive at the conclusion that the organic nervous system alone is involved when morbid processes become established in the organism, and that any disturbances arising in the cerebro-spinal nervous system or blood are necessarily secondary, and result from irritations at the organic nerve centers. Disturbances of the circulation cause cerebral hyperemia and perverted intellectual functions, which we call delirium. If long continued or greatly intensified the cerebral vessels become dilated, infringing upon the neurine substance, and establish a permanent change of mechanical relations of the cerebral nerve tissue, and permanent mental aberration occurs, which we call insanity; or depressing atmospheric influences applied to the surface of the body speedily disturb the capillary circulation, driving it from the surface, and the result is visceral congestion, and if long continued, this is followed by active inflammation, infiltration, exudation, and, possibly, suppuration, ulcerations or necrosis.

A slight cataarh of the air passages may result in a violent croupous pneumonia, hepatisation or gangrene of the lungs.

A slight intestinal catarrh may terminate in a most violent and even fatal diarrhœa. But I need not multiply illustrations to show you how important some of these simple etiological facts are in the chain of causation of many of our most formidable and fatal maladies. Your own experience will, I doubt not, supply any number of examples. It remains now for us to supply a connection between these etiological conditions and drug action. If it be true that many of the simplest processes of nature are capable of producing some of the most profound and fatal disturbances of the living organism, and that these results are bronght about by first producing disturbances of one or more of the functions of the organism, and that greatly intensified or prolonged disturbance of function begets organic change. We have attained a very simple yet intensely interesting solution of the processes and phenomena of so-called diseases, which may be formulated, thus:

First, all forms of so-called disease except those of traumatic origin are the result of functional disturbance. And, second, all disturbance of function whether arising from so-called natural causes, or artificially induced, (drug pathogenesis) effect the organism in a similar manner, and as a conclusion from the foregoing, we find that drugs acting according to a natural law, (ab irritatio ubi affluxus), produce the same effects as would an external natural force acting upon and impressing the organism; first, in disturbing function, and second in causing organic change. This change results from excessive functionalism or deficient functionalism. We shall have hypertrophy of the organ or tissue, in the one case, and in the other case atrophy or paralysis of the organ or tissue.

We must conclude then that all morbid processes, so called disease, whether arising from so-called natural causes or artificial, are governed by natural laws which govern the organism and are propagated under the same, and terminate in harmony with the resultant forces which projected them. To secure

a scientific basis for homœopathic materia medica, we must study carefully, first, the laws and functions of the living organism, and next, the disturbances which drugs are capable of producing in them. It is not enough that we content ourselves with merely observing the facts and phenomena flowing from these drug disturbances; it is our privilege and our duty as scientific physicians to search for the why and the wherefore; to discover, if possible, a law by which these facts and phenomena are brought about, so that they can be arranged in systems and classified scientifically; a law by which we can explain how it is that *Aconite* and *Belladonna* disturb the functions of heart and blood vessels; how it is that *Arsenic* and *Veratrum* induce the phenomena of cholera; how it is that *Opium* induces sopor, paralysis or death; and the changes in the blood as well as other tissues of the organism which are neccesary to establish that state, and without which death can not take place. These are the fields of research to be traversed by the physician, not of the future, but of to-day. Our profession can not stand still, it should not stand still, or it will become atrophied and pass away, and give place to something else that will progress; that will live, and develop, and expand, and absorb all science, physical, psychological and chemical.

I think I hear some one say, yes, but this can not be done. That is the old argument; a lion is in the way. Sit down and fold your arms, and the car of progress will soon leave you in the rear. Should you attempt the explanation of the why and wherefore of drug action, you will no doubt be called a "speculator." Well, that is not so frightful a name after all. No man ever took a step forward in anything unless he speculated, conjectured, and formed hypothesis. Many of his speculations and conjectures came to naught; many of his hypotheses have been overthrown. Still, some good was done. New thought was awakened; other minds were drawn to the matter, and new and real discoveries were made. It may be that in all cases the speculator himself was not the successful one; but he was the discoverer nevertheless. Columbus discovered America; yet he was not the one

to first sight the land, and yet he was the occasion and the cause, and, therefore, properly credited as the discoverer. Hahnemann speculated, and then demonstrated, in therapeutics. Why may not others do likewise with our materia medica? The speculator is the man of progress.

Some things we know and can demonstrate. We know that drugs act as irritants of nerve tissue. We know that irritation of nerve-tissue develops function in the organ supplied by the nerve irritated, and that other nerves not irritated yield no function. We know that excessive irritation of nerves will cause exhaustion, and, if protracted, paralysis. We know that exhaustion or paralysis of nerve yields loss of power in parts supplied. We know that irritation of the organic nerve-center and of the vaso-motor filaments and their ganglia, may cause the most intense hyperemia in all portions of the body. We know that, after a period, more or less protracted exhaustion takes place, and relaxation follows, with copious exhalation of moisture (perspiration); and we know that if the impression be greatly prolonged or intensified, no reaction will take place, and death is the result, as in case of poisoning from *Aconite*, *Belladonna* and *Opium*. We know that *Mercury*, *Arsenic*, *Veratrum*, and *Camphor* all produce similar results, but each in its own way. We know of a hundred other drugs whose action is similar; and yet it will be said that this is all speculation. It is not all speculation; it can be demonstrated in every instance. We know that *Secale* causes certain effects upon the gravid uterus—not because it is a uterus, but because it is composed of certain tissues and supplied by a class of nerves for which this drug sustains special relations, to-wit, the non-striated tissues of hollow organs. We know, also, that *Secale* causes a dry gangrene of remote parts of the organism; that it causes uterine fibroids and other hyperplasias to disappear. And why? *Secale*, acting as an irritant on the vaso-motors, induces contraction of the non-striated walls of the blood vessels of the part, establishing strangulation of the vessels, depriving the parts of circulation and nutrition, causing the death of the tissue by atrophy, necrosis, or gangrene. We know that

these things occur, and that they occur according to some law. May we not search for that law for *Secale* and every other drug, and apply it to the organism in every case? A universal law—a basis for a homœopathic materia medica.

No one should be afraid of being called a speculator or an enthusiast in the cause he loves. Only let truth be his aim and "excelsior" his motto. Nature will yield her secrets only as a reward for his industry and fidelity.

General Clinics.

Cases Cured. By A. McNeil, M. D. Paper read before the Canadian Institute of Homœopathy.

Eczema Vesiculosa.—Thomas O'Donnel called on me May 28, 1880. He has been troubled with eczema three months. It was located in the neighborhood of the anus, extending forwards on the scrotum and upper third of thighs, accompanied by itching and soreness, as if chapped; relieved by washing with tepid water, both cold and hot water aggravating the itching; heat also aggravates, cold air relieves; his general health is good, all the functions normal, a few months ago had rheumatic pains in the left shoulder, extending to the insertion of the deltoid. These pains were accompanied by stiffness, aggravated by rest; relieved by motion. Gave him *Rhus. tox.* 1*m*, ten powders.

June 10. Better; gave him *Rhus.* 30*m*, one powder. In a short time he was entirely well, and so remains.

Eczema Vesiculosa.—Sophie Feldrid called on the 6th of May, 1880. Has had eczema for a year; it is around her

waist, the bends of her anus, and the external aspect of the thighs; itching aggravated by getting warm in any way; feet burn in bed so that she must put them out of the covers; heat on top of head. Gave her *Sulphur* 500, ten powders, twice a day. May 18. Nearly well. May 23. Has headache. Gave her *Sulphur* 6*m*, one dose. June 1st. She is well. On August 29 some itching. *Sulphur* 55*m*, one dose. Sept. 8. Better, only itching occasionally, when she gets warm. *Sulphur* 81*m*, one dose. Well and so remains, Nov. 24.

A question that should always be investigated in every recovery is, "Is it a cure?" This is an important reason why the study of pathology should be thorough. Many cases are reported as cures when the disease had merely run its course without producing death.

Acute eczema runs a course and gets well, subject, however, to relapses. But the chronic is an extremely obstinate disease. Hebra says, Hautkrankheiten, Vol. I, page 484: "In conclusion, I may mention explicitly that the treatment of chronic eczema, let it be by this mode or that, requires persistent perseverance. Whoever changes the treatment frequently will certainly not succeed so soon as he who proceeds with patience and perseverance." And in another passage on the 447th page he says that some cases reappear from time to time during the life of the patient. He also says that in such cases where the patient is continually exposed to the cause which produced the disease, it is more obstinate and liable to relapses. Mr. O'Donnel is a molder and is, therefore, exposed every day to the intense heat of the molten iron. While my other patient was a domestic and constantly exposed to the heat of the cooking stove in a southern summer. The locality of the disease also is an important factor in the curability of the disease. Hebra says, page 446: "Those cases in which the disease is seated in the genitals and about the anus are particularly obstinant, and yet my cases were cured in a very short time." Hebra's favorite mode of treatment is by application of soft soap, or a concentrated solution of potash, so that the parts affected are denuded; each course requiring eight days

and he says these should be repeated as often as a relapse occurs, and on the average in severe cases not more than twelve such applications will be necessary. Just imagine a patient literally flayed on the affected parts an average of twelve times. While in the first case I had, my patient was free from itching or other suffering in a week, and entirely well in a month, I ask, is there any one who denies that this was a cure? In the second case she was well in three weeks with the exception of a slight relapse in two months, that was promptly and permanently cured. Remember that not a single external application was made, and the patients were living under the very same exposure to intense heat which had produced the disease.

VOMITING OF PREGNANCY.—August 23, 1881. Rev. J. F. P. came to me saying that his wife had been vomiting every thing she swallowed night and day for the last six weeks. She had been visiting her father-in-law, an allopathic physician, for several weeks, and he had exhausted his skill on her. He had given her acids, alkalis, *Calisaya* and *Carbonate of soda*, but all in vain. I had never seen her, and her husband described her and her symptoms. She is about thirty, blond, petite, emaciated, only weighing now eighty-one pounds; has red lips; probably consumptive; everything she swallows turns sour; has been subject to hot feet, so that she must uncover them at night in bed. Without seeing her, and on this meagre description I prescribed, August 23d, *Sulphur* 500, ten powders every three hours.

On the 25th much better, is craving fruit. Gave *Sac lac.* 28th, yesterday dined out, and was constrained to eat some indigestible dishes; last night she vomited a little; some acidity of the stomach. Gave *Sulphur* 2*m*, ten powders every four hours, which soon restored her. On the 25th of November she left the city, was well and weighed one hundred and eight pounds.

Was this a cure, or one of Sam Weller's "remarkable coincidences?" Let us investigate. True, the complaint passes off as pregnancy advances, but perceive the prompt cessation of the nausea and vomiting after the medicine was

administered; and then to make assurance doubly sure see the prompt relief on the administration after the relapse; the improvement in my patient's general health also corroborates my claim that the medicine did it.

Guernsey lays stress on the necessity of giving in these cases the indicated antipsoric remedy. This was all I did, and as he shows that at such a time the patient is more susceptible to the indicated antipsoric, I am justified in predicting that my patient and her offspring have received a permanent benefit of far more importance than the relief from an annoying and weakening complaint.

PERNICIOUS INTERMITTENT.—Was called at 1 a.m., July 5th, 1880, to see Miss Joseph Kelly. Found her in a congestive chill; was cold and motionless, and had been for some time; hippocratic countenance; feeling as if contents of abdominal cavity were pressed upwards; pulse slow and intermittent; pains all over, aggravated by motion; faintness on rising. It was a clear case of congestive intermittent.

Gave her *Bryonia* 3d cen. in water, a teaspoonful every half hour till 1 p.m. At 4 p.m. has been sweating for some time; still pain in bowels but not so bad. *Sac lac.* July 6, 9 a.m. better. 8 p.m. palms of hands hot, burning in stomach, skin moist. July 7th. 8 a.m. no fever, aching in bones, chest and left ovary, aggravated by motion. *Sac lac.* She continued to improve, had no further paroxysms, and has remained tolerably well all summer.

It is a prevailing delusion in our school that in a case of pernicious intermittent that nothing but massive doses of *Quinine* will prevent a return of the paroxysms the third return of which they say is certain death. That is all nonsense. Homœopathic remedies in potencies are more reliable, and make better cures than *Quinine.* I believe that *Quinine* frequently in the climate in which I live changes benignant intermittents to malignant ones. I know of a case which occurred of a vigorous young man who took for chills on Wednesday and Thursday, forty-five grains of *Quinine*, and early Sunday morning he was a corpse, of congestive chill. One of two things is certain, either the *Quinine* made the

case malignant, or it utterly failed in averting it. Another thing which confirms this is that in the seven years that I have practiced on the Ohio river, I have only had the above mentioned case of pernicious intermittent. Pure Homœopathy has won its greatest honors in conflict with the most pestilential diseases. Cholera, yellow fever, typhus and diphtheria have given Homœopathy a fame which she can only lose by the recreancy of her professed followers.

ULCERATION UTERUS, ETC.—*Sul. cm.*—I was called March 14, 1880, to see a maiden lady, aet. thirty-one years, who had been, for ten or twelve years past, under the care of an allopathic specialist, for what he called female weaknesses. The lady's statement to me was, that the doctor had treated her both constitutionally and locally; that she had had ulceration of the womb, which had been repeatedly cauterized, causing much pain and suffering; that for the last two years menstruation had been very irregular and painful; that the doctor had been obliged to introduce tents and the uterine sound to procure a discharge of the menstrual fluid at all; that at last this became impossible; and that, although the pain, fulness, and other symptoms of menstruation came regularly, yet there had not been the least show of blood or anything else for five months. Some of her friends had become alarmed, and persuaded her to try homœopathic treatment, as her physician had assured her that she would never menstruate again without an operation. I gave her *Puls. cm.* in solution, commencing a week before the menses should appear. She passed the period as usual, without any show of menses. I then reviewed her case carefully, and found, in addition to the above stated, as follows: Has a great deal of pain and weakness in the back; can not sit up much on account of it; frequent flushes of heat all over her; feels very weak and faint after they pass off; has great heat of head, especially on the top, all the time; feet and hands are always cold during the day, but feet burn so at nights that she has to stick them out of bed; is very restless and sleepless of nights. I now left six powders of *Sulph. cm.* (Fincke), to take one every night until gone, and *Sac. lac.* to follow.

I visited her several times during the month, and observed that she improved, so far as her subjective symptoms were concerned. At the time when her next period for menses had come, I took my wife into my wagon, and visited her, with the intention of making specular examination of the parts; but upon introducing the subject, she joyfully informed us of the fact that she was menstruating naturally and without pain. From that time to this (May 30, 1881) she has never missed a period, and her general health so much improved that she attends social parties away from home—a thing she had not been able to do for years before—and life is once more a blessing.

Of course my prescription was made in accordance with the characteristic indications of *Sul.* The local trouble disappeared with the removal of the constitutional derangement upon which they depended, as it always will. I offer this case in comparison with that reported by Dr. Kippax, page 37, of the January number of this journal. In his case, of two years' standing, the canal was so contracted that only the smallest-sized sound could be passed. In mine, of longer standing, none at all could be passed, and menses had been retained for five months. In his case, sea tangle tents, *Glycerine*, *Tannin*, and *Glycerole of hydrastis* were used locally, just as an allopath would use them. In mine there was no local treatment necessary. In regard to the remedies used, I will leave it to homœopathists to decide as to the clearness of the indications for remedies we both used. Why did not the Doctor first try the homœopathically indicated remedy, instead of first relieving constriction by tents, etc.? He says the os was hypertrophied. What was the cause of the hypertrophy? Is it necessary to resort to local treatment to remove hypertrophy?

I do not wonder that the Doctor fears that some homœopath will "cudgel" him. He evidently feels that he has laid himself open to criticism, and undertakes to defend himself and others who habitually resort to such methods, like the boy who said, "he didn't break the chicken's leg with a stone," before any body had accused him. Now look at his

case of lupus, treated with "arsenical mucilage." What are the indications for *Lycopodium?* He says, " this treatment is homœopathic, (How ?) and furthermore, perfectly rational and scientific." How many kinds of treatment besides the homœopathic are scientific? A homœopathist would naturally answer, *none.* An eclectic would answer, *many.* A resort to anything you please is with the latter, rational and scientific.

Now examine Case No. II. He tried one remedy, *Con.* Compare this case with our materia medica, and reports of cases cured. Is there not as much indication for *Apis* as *Con.?* "Since her recovery she has been taking *Phy.* 6, and will continue to do so for six months." What for?

Case No. V, what were the characteristic indications for either remedy? Must we learn from this case that we are first to give *Apis* for ovarian tumors, then if that don't help, *Lycop.?* This was undoubtedly a cure, but the indications are not plain. Perhaps there were none. If so, well; if not, let us have them, that we may profit by them hereafter.

The Doctor says it is greatly to be regretted, that there are a few in our fraternity who conscientiously take exceptions to local treatment in many forms of surgical disease. If he had said, homœopathists take exceptions to treating locally manifestations of disease having a constitutional origin, and entirely amenable to homœopathic constitutional treatment, he would have come nearer to the truth. What is most to be regretted, is that professed homœopaths are so often, of late, resorting to old school, antipathic measures, and then trying to defend themselves on the ground that it is "rational and scientific."

If a man is driven to the wall at times, and honestly confesses that he resorted to unhomœopathic measures for want of knowledge, I can forgive him. But if after such departures he undertakes to justify his course at the expense of Homœopathy, he deserves cudgeling.

Homœopathy is true, though every man, for want of skill, knowledge, or earnest, honest effort, fails to apply it. Its principles are as fixed and firm as the everlasting hills; and

when men professing to be homœopathists, talk of "looking for fresh facts and new principles to guide our way in the field of practice," (Dake) we say, (to the young especially), Beware of wolves in sheeps' clothing.

When the Doctor says that the liberals (eclectic) cure a larger per cent. of the sick than the pure homœopaths, we answer: Braggadocia, prove it. He seems afraid of being put in the light of not being a homœopath. Such talk and reports of cases will put him there quicker than anything else.—E. B. NASH, M. D., Cortland, N. Y.

THREATENED ABORTION.—A lady of dark complexion and thin habit, aet. about thirty-five years, when about four months pregnant, was much frightened by the running of the horses after which she was riding, though they did not get away from their driver; the fright caused a pain in the uterus, which returned every time she rode, during the visit she was making; a few days after her return home, three weeks later, the pain came on and grew worse and worse until she vomited severely, and had to go to bed at four p.m.; next day at noon—constant severe pain in uterus and all the way up the back to the head, with considerable heat; especially in lumbar region, the pain was severe; head much confused; bowels constipated. *Gelsem. cc*, in water every hour, soon relieved, and the next morning she was up and dressed, and delivered a child at full term without further trouble.

This case is respectfully dedicated to the sages who advocated the use of *Opium* in all degrees from 1*x* to hypodermic injections of *Morphia*, last summer, in the Western Academy. There is a better way, even to control the nervous condition.

ENURESIS NOCTURNA.—*Lachesis.*—To quote from Vol. IX, p. 145, of the ADVANCE: "The remedy seems to profoundly affect the involuntary system, and the will power must supply the deficiency." In one of my families there are eight children, who, with both parents, are *Calcarea* patients; two of the boys, aet. about ten and twelve years, have suffered for a long time from enuresis, particularly during the first hours of sleep, *i. e.*, when they had no voluntary control over the

sphincter muscle; the involuntary control was too weak to prevent the bladder from emptying itself. Acting on this reasoning, I gave *Lachesis* 6, every other day for a few days, followed by the 200th (Lehrmann) once a week, for a month; improvement followed promptly, and for a month there has been no trouble. I do not claim this to be a cure, as yet, and will report if there is any change. I have since failed to find any mention of the remedy in this trouble, except that Lilienthal mentions it as a second class remedy in enuresis, but not in enuresis nocturna. I find Lehrmann's potencies very efficacious. I do not, for a moment, wish it to be understood that I "generalize" in my practice in this way. I gave the remedy as an experiment, and report the result for what it is—a bit of clinical experience. Generalizations are harmful, in that they lead to routine, and unfortunately are indulged in by our best men.—C. B. GILBERT, M. D., Washington, D. C.

Miscellaneous.

A Lecture on Mammary Tumors. Delivered to the Class in the Homœopathic College, University of Michigan, by E. C. Franklin, Professor of Surgery.

GENTLEMEN:—I propose to bring before you to day certain observations of my own, as well as the reflections of others, who have closely studied the diseases of the mammary gland and the various pathological lesions that affect those organs. My own experience, running along for a space of over a score of years, has taught me that surgeons generally do not give the differentiation of the diseases that invade these important structures of the body with that keen discrimination, that rigid investigation, that marks their diagnosis else-

where. There is no subject throughout the broad field of medical literature that involves a greater amount of skill in arriving at correct conclusions than that of mammary tumors. We need to know more of the characteristic personels of these growths than our literature and criticisms have heretofore taught us; for with all the aids to diagnosis that we have all around us, the rule holds good that a few, a very few surgeons arrive at just conclusions in reference to their intimate, pathological conditions. I have been led very forcibly to this conclusion from a statement recently made, by the assistant professor of physiology and histology in one of our state universities to his class the early part of the present year. Says he: "Nine-tenths of the tumors of the breast removed by Prof. ———, and sent here for examination, *do not present the typical cancer-cell.*" Comments upon this startling statement are as unnecessary as subversive of professional courtesy; and, although I have been an occasional witness to some of the most painful mistakes in this direction, yet I do not incline to add a single laurel to my own reputation that may be gathered from the bloody arena of a doubtful diagnosis.

The study of these tumors has been presented to you, viewed in their relation to general abnormal growths, in the lectures you have listened to with marked attention, and, I hope, with profit. You have been impressed with a comprehensive view of the whole subject of tumors, with and without reference to particular cases that have been presented at our weekly clinics. You have seen our diagnosis verified and cures effected by the law of similars in cases involving the greatest gravity. You have witnessed the removal of certain tumors by the scalpel that have withstood our best directed efforts of medication. You have studied them as to their origin, growth, and internal structure, their histological elements, and their division into the two great classes of innocent and malignant tumors, their homologous and heterologous structures, as they involve the various tissues of the body, and their progressive changes from time to time; yet, with all these aids to knowledge, how often have we seen ourselves incompetent to cure these obstinate and persistent growths, and could only effect their removal by the crude

ferrum metallicum of the surgeon. It is true that our materia medica, rich as it is in curative agencies generally, sometimes fails in presenting the indicated remedy for all varieties of tumors, and especially those of the malignant type. You will not find that any single case presents all the important and characteristic symptoms that your surgical authorities point out; some leading and prominent indications will be entirely absent, or so masked by connective structural derangement, that it requires the keenest clinical study and the largest experience to detect the shades of difference that envelop them. It is these errors of judgment that not only seriously effect the patient's welfare, but derogate from the status of the practitioner. There are so many tumors that involve the mamma, with so many closely allied symptoms, that it is exceedingly difficult to differentiate between the innocent growths, and at times very perplexing to diagnose the benign from the malignant. To obtain a clear knowledge of carcinoma, therefore, it is important that we possess an intimate acquaintance with the various kin disorders that simulate it. With this object in view, I shall attempt to familiarize you not only with the non-malignant, but also with the malignant tumors of the mammæ, the two great classes of morbid growths that affect these glandular organs.

The *benign or non-malignant* tumors consist in the aggregation of single homologous and homomorphous constituents, or a modification of these constituents, into one spot.

Malignant tumors are those growths that are formed of a collection of substances, which are foreign elements, or new products in the human body, called neoplasm.

I shall not enter into a discussion of the different opinions that have obtained publicity, either through the observations of the clinic or by the aid of the microscope. Whether Schuppel's "giant cells" or Lostoffe's "corpuscles," Paget's clinical teachings, or Billroth's histological elements shall be accepted as the basis of a classification to guide us in our better knowledge of these diseases. For our purposes, that arrangement is the most correct which, by a judicious combination of all these theories, shall facilitate our knowledge of their causation, ætiology, diagnosis, and curative treat-

ment. In our early teaching of this subject, allusion was made to these various theories in detail, and our nomenclature of this important subject fully set forth.

I shall now speak of the *benign* tumor, that extends its boundaries by increase of bulk, displacing, pushing aside, perhaps causing to be absorbed, the structures that lie in close proximity to it. This variety of tumor, as a rule, is isolated and encapsulated, which is the very opposite of the malignant growth.

The *malignant* tumor, on the other hand, increases in bulk by incorporating within its grasp the adjacent tissues or structures, and gradually converting them within itself. It has no absolutely defined investing membrane, but invades all neighboring tissues without any well-determined margin, and gradually draws into its own entity all the adjacent parts which lie in contact with its devouring tentacles, and thus is extended without limit.

Now, gentlemen, it is very important for you to scrutinize carefully as many of these leading characteristics as will point out to you the true nature of the tumor; for upon these will depend the opinion that you will give touching the propriety or impropriety of surgical interference.

Just here let me state, with all the positiveness of my nature, that you are not to subject any person, although she may have a well defined tumor in the mamma, to a surgical operation until you have carefully and considerately weighed all the evidence at your command as to its nature and curability by remedial agents. I have no patience with that hurly-burly surgery, which associates all tumors of the mamma with either extirpation or enucleation. I shall reserve the question of curing mammary growths by pressure till I have discussed other methods, medical and surgical, and the best means for arriving at a correct conclusion as to the proper method to be employed. It is true I could present many cures of mammary tumors effected by careful and well-directed pressure. You know that pressure produces absorption, both of normal and abnormal structures, and some remarkable cures have been reported of absorption of tumors by this process.

Cancerous tumors, as a rule, are *not* of rapid growth, as is stated by some authors; and this symptom alone has often given color to a false impression, and many a practitioner has been led away from the true to adopt a false conclusion in consequence of placing too much stress upon this rapid "development" theory as characteristic of cancer.

In order to reach correct conclusions touching the study of mammary tumors, it is proper at the outset to arrange these growths into two great classes of the carcinomatous and non-carcinomatous diseases, and to point out to you such well marked divisions of the subject as will facilitate a clear understanding of this much vexed matter.

One principal feature which should govern you in all cases of examination of the breasts is this: scrutinize carefully both breasts while the patient is *lying down*, and make your examination thorough and complete while in this position. It is impossible to arrive at correct conclusions if the examination is conducted in the sitting position. In the early formations you will be prone to overlook diseased processes while the patient is sitting upright, which become decidedly cognizable in the horizontal decubitus.

I shall present to you the characteristics, peculiarities, and symptoms of over one thousand cases of carcinomatous and non-caracinoma'ous cases gathered from the tables of Gross, Helmuth, myself and others, and the true method of arriving at correct conclusions from an excerption of the prominent characters of each. It will be observed that in many essential characters the tables of Gross have not been verified:

Carcinomatous.	*Non-carcinomatous.*
AGE OF DEVELOPMENT	
Is rarely seen before the 46th year. Over 85 per cent. develop after the age of 40. In impubic girls cancer never exists, and exemption maintains till after the 21st year. One case developed full-blown cancer before the age of 21.	It may develop before the 21st year, but the ordinary period is between the 21st and the 35th year. Gross says over 30 per cent. develop after the age of 40; over 16 per cent. before the 20th year; over 5 per cent. before menstruation.

SOCIAL CONDITION.

A very large proportion were, or had been married—about 90 per cent.; less than 10 per cent. were single, and nearly the same number as the former had borne children, and a little over 10 per cent. were sterile.	Over 60 per cent. were, or had been, married at the time the tumor was discovered, and nearly 40 per cent. were single. Of the former, less than 80 per cent. had borne children; over 20 per cent. were barren.

MENSTRUAL FUNCTION.

Over 75 per cent. were menstruating at the time of detecting the tumor; over 50 per cent. complained of menstrual troubles.	Over 90 per cent. were menstruating when the tumor was first observed; less than 20 per cent. had functional derangements.

HEREDITARY PREDISPOSITION.

Traceable to hereditary in over 22 per cent. of all cases.	No traces of inherited disease.

TRAUMATISM, OR OTHER EXCITING CAUSES.

Trauma seems only to be seen in cases of hereditary. Gross makes trauma a cause in 11 per cent. in all cases.	Trauma was ascribed to 15 per cent. in all instances; mastitis preceded in 12 per cent. in all instances.

SITUATION.

Most frequent in the upper and outer portion of the mamma, when attacking the periphery of the gland; was seen *under* or near the nipple in 14 per cent. of all cases.	Usually occurs at the upper and inner border of the mamma in 37 per cent. in all cases, and below in 13 per cent. of all instances; very *rare* under and near the nipple.

OUTLINE.

Irregular, hard and inelastic, knobby, slightly tuberous, frequently discoid, and merged into neighboring structures,	Round, ovoid, lobulated, nodulated, bossed, quaggy rather than hard, lobed, rarely discoid, and distinctly circum-

without being distinctly circumscribed, in over 90 per cent. of all cases examined; very rarely softens.	scribed, in nearly all cases examined. Irregular in consistence, and frequently softens.

VOLUME AND RATE OF GROWTH.

Never grow very large, and as a rule *retract* rather than increase the size of the mamma; grow gradually and slowly. Late in life there is shriveling of the stroma and an atrophy of the gland.	Grow to a considerable size and increase paroxysmally and with rapidity during evolution. In the interims do not seem to increase at all; if so, very slowly; rarely undergo atrophy.

MOBILITY, ETC.

Move with the gland, to which they are intimately attached, and can not be isolated therefrom; seem glued to the skin above and the tissues below.	Move under the fingers, and glide readily within the mamma and over the sub-lying tissues; can be isolated from the surrounding structures.

RELATIONS TO MAMMA.

When developing within the gland, the latter is replaced and it's structure destroyed. When it begins at the periphery, it invades and destroys the breast less quickly.	When developing within, the breast is pushed aside, not appropriated; its structure is atrophied by pressure and functional impairment; never invaded in any cases.

APPEARANCE OF THE NIPPLE.

The nipple retracts *early* in a very large proportion of cases, when the *central portion* of the mamma is first attacked; *later*, when it attacks the periphery. Infiltration is frequent; occasionally a thin, sanguinolent discharge takes place from the nipple.	The nipple is pushed aside, displaced or sunken by the elevation of the tumor above its plane. It is mobile, neither infiltrated or retracted. A mucous discharge is oftentimes seen from the nipple in benign cases.

UNITY OF GROWTH.

As a rule, only one tumor is present primitively.	Several hardened lumps or tumors are primitively felt in the same breast.

CONDITION OF THE INTEGUMENT.

The skin over the tumor, if superficial, dimples early, and is adherent to the growth. In larger growths it is adherent, thinned, discolored, and incorporated with the mass. It feels brawny and rigid from infiltration, and in a few cases it is nodulated. The superficial veins are enlarged and prominent, because of the large blood supply in cancer as compared with other tumors.	In tumors of moderate dimensions the skin is stretched, thinned, but not discolored. In large growths it is *slightly* discolored, but never adherent or dimpled. It does not feel brawny and rigid under any circumstances. The *superficial* veins are not enlarged and prominent; blood supply small.

FIXATION TO CHEST WALLS.

The tumor is attached to chest walls in over 60 per cent. of all my cases. Gross shows only 21.58 per cent in all cases.	The tumor was never adherent to chest walls in my cases. Gross makes the fixation nearly one-third of all cases.

BOTH BREASTS AFFECTED.

The tumor never extends to the opposite mamma without involvement of the skin and neighboring lymphatics. Gross makes the extension 3 65 per cent of all cases.	The tumor does extend to the opposite breast, but without any antecedent infection of the skin or glands. Gross makes this extension in 5.22 per cent. of all cases.

ULCERATION.

The ulcer forms early in about 25 per cent. of all cases. The edges are thick, uneven, indurated, everted, and adherent to the hardened base. Its	The ulcer forms late in the disease. The stretched, thinned and functionally impaired skin yields to gangrenous inflammation or fungous protru-

size is small as compared with the simple tumor, does not become gangrenous or fungoid, and does not cicatrize to any extent.

sion in about 16 per cent. of all cases, but never adheres to the margins of the ulcer. Its edges are smooth and even, and never discolored or infiltrated.

LYMPHATIC GLANDS.

The axillary glands are enlarged and hard in 75 per cent. of all cases under my observation (Gross makes it 64 per cent.), after the disease has fairly set in. Occasionally, the glands of the neck are implicated. Gross makes them as in 1 out of 22 cases.

The axillary glands are affected with exceeding rarity, and then they never feel hard. Gross saw them enlarged in nearly one-third of all cases. The glands of the neck are never implicated.

GENERAL CONDITION.

At first the general health is good in 85 per cent of all the cases, but becomes cachectic in all cases as the growth increases. Reproduction after operation, says Gross, occurs in 81 per cent. of all cases. In my observed cases it shows only 31.

The general health is good at first in a large majority of cases, but declines as the growth increases, yet does not show cachexy. Reproduction occurs after extirpation, according to Gross, in 27 per cent. of all cases. In my observed cases it occurs in 8 per cent. only.

DURATION OF LIFE.

The average life from first observation of the disease under allopathic treatment, including removal, is 40 months. The majority of cases under Gross' observations were dead. The average life under homœopathic treatment, including extirpation, in all my observed

The average life under homœopathic treatment, including extirpation, is a little more than 112 months under my observations. The majority of cases were living when last heard from. Under Dr. Helmuth, many were living under homœopathic treatment.

cases, gives an average of over 94 months. The majority of cases under my observation are living when last heard from.	The average life is a little more than 72 months. Under Gross' observations the majority of patients were still living.

In compiling the above synopsis it will be seen that I have followed the order laid down by Prof. Gross, but wherever my observations widened any considerable deviation from the allopathic author, or any divergence from the principles represented by Prof. Gross in his tabulated statistics, I have presented them from the stand-point of homœopathic observation, including operative procedure whenever such practice seemed advisable and proper; these of course include all patients of my own, as well as other authenticated cases of homœopathic practitioners. There will also be found considerable variations in the per centage of certain symptoms, pathological changes and other important distinctions, as such cases have occurred naturally, as viewed by myself and others, or have been modified by homœopathic treatment. Wherever under other conditions there has been a similarity of symptoms, complications, characteristics, etc., I have made little other change in the text than the substitution of the per centage of mortality as seen from the two stand-points of observation. I hope a further consideration of this interesting subject will show a more decided superiority in the homœopathic treatment of cancerous diseases, both as to longevity and entire exemption from the malady, after operative procedure as well as internal medication.

General Diagnostics.—The subject of heredity in cancerous growths has of late years undergone considerable modification. The weight of authority has heretofore been opposed to the idea of predisposition, but recent and careful investigation shows, that heredity is no unimportant factor in establishing its persistent increment. My own views lead me to believe that the disease does not assume the severity and malignancy that marked its existence more than a quarter of a century ago. Like syphilis, the genius and the type of car-

cinoma is preserved, but its grave effects upon the human organism are considerably modified from that of a half-century past, and possibly like syphilis, exemption from its malignant ravages has been obtained by hereditary inoculation. I have seen innocent growths of the mammæ putting on all the persistency and implication of structures (save the genius of carcinoma,) that ever marked the severest forms of this disease, resist medical treatment entirely and finally yield only to the dernier resort of extirpation, to return in a very short time with more malignancy than ever, which I attribute to constitutional implication.

AGE OF THE PATIENT.—The mammæ of the female is more or less influenced by age, not only in its developmental power, but in the anatomical arrangement of the various tissues entering into its structure. The functions of these glands after a certain period lose their activity, and possess less of that resistant life force to withstand constitutional disease influence, than it possessed under the inspiring and revivifying essence of youth. Thus we see that before forty, carcinoma is an exceedingly rare disease; while during the rudimentary evolution of the gland and its full development, the connective tissue being in excess, it is prone to those innocent growths that are the consequence of augmentation of its nutrition and the deposit of plastic organizable material into its connective tissues. They are the fibromas and sarcomas that fill up the period of increased functional excitement. During this time, especially after pregnancy has kindled up the latent cell influence in the mammæ, and perfecting the gland, the connective tissue is vascular, succulent and rich in cell life, which predisposes the breast to the diseases mentioned above. During the stage of complete development and passive maturity of the mammæ, which ordinarily occurs between the thirtieth and fortieth year, is the period when true adenomas and their kin disorders, the cystic sarcomas and cystic fibromas are most frequently seen.

Still later, and during the period of involution, decadence and functional decrease, when the lacteal gland, its lobes, lobules and ducts are undergoing the peculiar atrophy so

characteristic of these tissues, and the cellular and fat tissues are gaining a preponderance over the pure gland structures, the myxoma, fibro-sarcoma and carcinoma are developed. Yet the diagnosis of each is so sharply drawn, as will be seen by the distinctive order heretofore given, that no careful practitioner need err therein. There is little in common, either in their symptoms of development or in their histological elements, the only similarity existing in these tumors is their tendency to return after extirpation.

SKIN.—In carcinoma the skin structure is infiltrated by epithelial cells, which produces a hard, dense, brawny feeling, so characteristic of neoplasm, the genius of the disease; or there will be, extensive adhesions, discoloration, the existence of distinct tubes stretching out towards the lymphatics, which assume an indurated feeling, very unlike the characters of innocent tumors. In women with florid complexions and plethoric habits, the disease usually makes more rapid progress. In old persons of light complexions and medium constitutions carcinoma grows slowly and atrophies the mammæ, causing wrinkling and puckering of the skin, and finally the peculiar "dimpling in" appearance by attachment of the skin to one point of the tumor. In a little while a fissure or crack is seen, the skin is softened and a drop of gummy exudation is emitted which dries and forms a scab. This is the first step of ulceration.

NON-CARCINOMAS—The skin in these growths is thin, stretched, and discolored, perhaps slightly adherent to the underlying portion, where the greatest amount of pressure is exerted, but there is no hard, dense and brawny feeling; nor is it invaded by cell-infiltration or distinct nodules, or tubers so peculiar to carcinoma. Besides, the special local degeneration and the apparent limitation of carcinoma to a single point and to a narrow circumference, it must be remembered that the constitutional and predisposing cause, acting centrifugally from within the inmost vital recesses of the system, is the chief factor which can not be removed or abated by the best directed local means alone. This has been frequently and satisfactorily demonstrated to all reasonable

minds, when they behold the rapid return of the disease after removal by the scalpel is resorted to without proper medication. The true therapeutics of this disease consist in the adaptation of those remedies that are en rapport both with the local and constitutional manifestations of the disease as developed by objective and subjective symptoms. The nature of these remedies will be alluded to further on.

Ulceration is frequent, progressive and obstinate in carcinomatous diseases, and presents certain distinctive characteristics unlike those of non-carcinomatous growths. The discharge is thin and offensive, with jagged and ill-defined edges. The skin, thin and stretched in benign tumors, may result in limited gangrene, but there is no thickening, infiltration, or adhesion to the sublying structures. In benign ulcerations, the edges are smooth, soft, and sometimes elevated upon the fungus, which pushes through, but is not adherent to it.

NIPPLE.—In a very large proportion of carcinomas the nipple is permanently retracted from the first, but if it does not become so early, it is almost sure to be affected in this manner by subsequent growth and implication. When the tumor begins upon the periphery of the gland, the retraction of the nipple may not be observed simultaneously with the appearance of the cancer, but it is almost sure to be developed whenever the deep erectile tissue and muscular fibres of the mamilla become involved. If the mamilla is indurated and fixed to the deep tissues, in addition to retraction, it is almost certain to be carcinoma—as a rule, no discharge takes place from the nipple—I have seen a sanguineous exudation from pressure in only two cases which came under my observation. In adenoma, the nipple often discharges a pearl-like fluid rarely sanguineous, which shows that the ducts leading to the secreting lobules are permeable. In carcinoma, fixation of the growth to the chest walls is early and persistently immovable, while in the benign tumors, it never occurs except by the processes of degeneration and cicatrization, which takes place later in the disease, as the result of these processes—then only incompletely.

ENVELOPING CAPSULE.—The absence of an enveloping capsule readily permits the carcinomatous tumor free access to the adjacent structures; hence there is no barrier to limit its extension into, and its absorption of, and conversion into its own structure, of the contiguous tissues. The very smallest cancer tumor that can be isolated from the scattered tubercles, although not larger than a millet seed, is as destitute of an insheathing envelope or any kind of limiting wall, as is the very largest sized scirrhus. Increased arterial flow is one of the chief causes of the active vitalization of the developing germ wherever it may be located, and furnishes it with an ever increasing vascularity that enables it to extend into and appropriate to itself all tissues and cell growths that it may meet in its persistent march. This accounts for the fixation of these growths. The benign tumors, possessing the enveloping capsule, are prevented, by the very existence of this interposing barrier, from appropriating to itself the tissues that lie adjacent thereto. They therefore push aside and dissect away opposing obstacles, and increasing in bulk by transposition of tissue, rather than appropriation, give rise to that elasticity and non-fixedness that characterizes tumors of this variety.

GLAND ENLARGEMENTS.—There is no surer evidence of carcinoma than the tendency to gland implication and induration that marks the presence of this disease everywhere. In mammary cancer the axillary glands become early implicated, and this is an important characteristic of its existence. These secondary deposits so formed are due to the direct absorption of cancer-cells or cancer juice, that have been deposited in the neighboring lymphatics. When they seem above the clavicle the weight of testimony is beyond all doubt in favor of carcinoma.

To sum up the conditions of carcinoma, the following characteristics are entirely reliable, viz.: There is a heredity —the greatest frequency is after the fortieth year. The tumor is irregular, knobby—uniformly dense and of a hard consistence, immobility—relatively small volume and slow growth; retraction of nipple; enlargement and induration of

the lymphatics; fixation; invasion of the skin; limited ulceration late in the disease; no fungous protrusion; the ulcer has thickened, indurated and everted edges; no limiting capsule, on section they present a firm, crisp and tough feeling, and creak under the knife when cut; yellow lines and minute points of fat traverse their grayish bases; glistening white fibrous bands pervade the structure, which on section is likened unto the appearance of a freshly cut unripe pear; a peculiar pultaceous milky fluid exudes on pressure.

The American Institute of Homœopathy.

The thirty-fourth session of this great national medical organization will be held at Brighton Beach, near the city of New York, June 14th to 18th inclusive.

From present indications the approaching meeting will be one of the largest and most important ever held by the Institute. We are promised full and carefully prepared papers and reports from the various Bureaus and Committees; while the new feature of holding sectional meetings will afford opportunity for a full discussion of the subjects presented. These discussions will be reported *verbatim* by expert shorthand writers, and will appear in full in the transactions as an appendix to the papers of each Bureau, thus adding largely to the practical value of the work.

Since the last meeting of the Institute (June, 1880), the Committee of Publication has printed, including two volumes of 1876, over 3,500 octavo pages, or four volumes, averaging about 875 pages each; the matter methodically arranged, neatly printed, carefully indexed, three volumes substantially bound in cloth, and delivered to members, not in arrears with the Treasurer, without individual expense.

The Institute has a record of which not only its members but the whole profession may be proud. Its membership is composed of many of the most influential and progressive physicians of our school; while its papers and discussions compare favorably with those of any other medical society in the world.

It must be apparent to any one conversant with the history of Homœopathy in this country, that the concentration of medical thought and the scientific investigation of therapeutic agents, as expressed by the Institute, are such as to exercise an influence that it would be impossible to exert without associate action.

In conclusion, we most earnestly appeal to every eligible homœopathic physician in the United States to join in earnest, practical work in the interests of medical science by becoming a member of the Institute at its approaching session. While it is desirable, it is not obligatory upon you to attend the meetings; and should either circumstances or choice prevent you from mingling with our deliberations in person, you may still become a member of the Institute, and in return receive the Transactions, which will yield you twofold the value of your pecuniary investment. —J. C. BURGHER, General Secretary.

Medical Plots Against Citizens.

The Medical Tribune says:

"The conspiracy which has effected the disgracing of the statute-books of twenty or more states with enactments against freedom in the practice of medicine, is still at work in the state Legislatures. Colorado and Connecticut enjoy the proud distinction of having defeated the plotters. Ohio, Pennsylvania, and several of the southern and western states, are still in the throes of the enslaving despotism. The anti-republicans are at work trying to force through the infamous legislation, on the false and shallow pretext of protecting the people.

"Perhaps madness rules the hour, and these lawless infringements on constitutional liberty will be enacted into statutes. If so, the alternative will be exhibited to good citizens, whether to submit to arbitrary, wicked, and imperious legislation, or to exercise their God-given rights, and suffer fine and imprisonment, as in an old-world despotism. It is over a century since 1776, and the great idea of that period is dropping out of American legislation.

"These measures are unconstitutional as well as unjust. They have been procured by half-fledged physicians, and not by the masters in the profession. A licensed business is hardly a reputable one, whether to practice medicine, sell whisky, or keep a brothel. Once made to register, they are all pretty much of one grade. Scientific physicians never have asked for any of this legislation; knowledge flourishes only in the air of freedom, where doctors' statutes and ethics do not exist.

"Every statute that sets forth to regulate the practice of medicine is an invasion of constitutional liberty, and a departure from the legitimate province of legislation. The preamble to the Federal Constitution proposes to 'secure the blessings of liberty to ourselves and our posterity.' The instrument itself declares that 'all citizens of each state shall be entitled to all the rights, privileges, and immunities of citizens in the several states.' It establishes 'the right of the people to be secure in their persons, homes, papers, and effects against unreasonable searches and seizures,' and prohibits the issue of a warrant for that purpose, except upon probable cause supported by oath or affirmation, and giving particular description of place, persons, and things. In all criminal prosecutions the accused is entitled to trial by jury, and to have all proper facilities for knowing the charge, confronting witnesses, and defending himself. The word *crime* can not be applied to any act not performed, or failure to act, nor to any act performed, except the violation of the natural rights of one person by another, and not even this till it is proved to have been actually committed.

"Let this be borne carefully in mind. These medical bills all contravene these principles. In several of them, and in particular in New Jersey, imprisonment has been made the penalty for an unregistered or 'unauthorized' person to treat the sick, even though it is well done and to the patient's entire satisfaction. Skill, merit, and personal right amount to nothing in the presence of arbitrary power. We may as well live in Asia or Darfur as where such things are done; the spirit in each despotism is alike—barbarism, and not civilization. It is proposed to arrest, fine, and imprison men before it is proven that they have deprived any person of life, health, liberty, or property. Such enactments (we do not acknowledge them as *laws*) are no less than an attempt to legalize fraud and wrong-doing. They are endeavors to prevent persons from fair dealing with each other in the exchange of material substances, and of honest and

faithful personal services; also, to absolve a man from paying his honest debts, and even to punish a creditor for receiving his honest dues. They propose to compel a man to publish his business intentions; to prove before he attempts any work, that he is well qualified to do it, and to pay for examinations which he does not approve.

"Men in other vocations would resist this in the courts and at the ballot-box. We earnestly desire that it shall be so resisted, as it ought to be, by every self-respecting and conscientious liberty-loving man. We counsel no violence; for we are alike opposed to hanging in New Jersey and assassination in St. Petersburg.

"It is an attempt to set aside equality before the law, which is the right of every free citizen. A legislature has no more right to say that one class of men shall buy and sell medicines and another shall not, than to say that one class only shall buy, sell, and administer food and another shall not.

"We reiterate this, because there seems to be need of it. We are living in the afternoon, the decadent period of constitutional liberty, and wish this fully understood. We will quote once more the judicial opinion of Judge Anson Willis, of the District of Columbia, as defining accurately the rights of citizens, which covers the whole ground, and is the supreme law of the land, until set aside:

"'Every citizen has a vote for the choice of his rulers, and, through his representatives, a voice in making the laws by which he is governed. *As to his business or calling, he may do that which best suits his interests or his tastes.* He may go when or where he desires; he may stay in a state or leave it, without restraint or hindrance. In short, he may do whatever seemeth good to him, provided he does not infringe on the same rights of others.'

"These rights, so defined, are infringed and shamefully trodden down by the medical bills and statutes. They prescribe fines, privations of liberty, and imprisonment; giving the power of inflicting these outrages to inferior tribunals. Due process of law, trial by jury, and the decision and sentence by a just judge are not provided.

"Why is this conspiracy of old school doctors and their auxiliaries now so active? No new occasion exists for alarm. The old-time barbarities of former legislation had been repealed, and everybody got on well enough. We will answer.

"The old school profession can not maintain itself in popular favor. It is too hostile to improvement, too much in the rut, too unsuccessful in treating disease. The ablest members of it confess freely that the public health would be better promoted by the absolute prohibition of medical practice. So far as the self-styled 'regulars' are concerned, this is true. The people know it, and the physicians whom they will not employ are the ones that clamor for statutes to regulate medical practice.

"Professor Reamy, of Cincinnati, has disclosed the other reason. Criminal abortion constitutes the cream of their business. In every city of this Union, in the villages and hamlets, pre-natal child-murder is extensively committed, and over a hundred thousand prevented births are the lowest which these men reap. The men who procure this legislation are doing it largely for the purpose of being enabled to gain a livelihood by this massacre of the innocents. Men who do not respect the rights of their fellows are not the ones who will scruple at the murder of unborn children. This is a trade of 'regular practice,' and the medical statutes, as administered, serve to protect it and warrant its impunity.

"These statutes have seldom been debated in legislatures. They are the result of conspiracy, and will culminate in crusades against water-cure practitioners, spiritual healers, and a few others. No man of personal character or common self-respect will have anything to do with the dirty business, compared to which the trade of spy and informer is high-minded and honorable.

"Yet there will be no prevention of quackery and malpractice. Members of the medical trade unions will swear clear every abortionist and blunderer in their guild. Colleges will sell diplomas as of old, but take, perhaps, more care not to be caught at it. There is too much legal importance given to parchment; it can only certify to scholarly attainment, and not to professional fitness. From Edward Jenner to John Buchanan's gudgeons, diploma buyers are a pestilent set; but so are all the ignoramuses that get diplomas from medical colleges. While we maintain personal rights as sound, we have no word of allowance for men that traffic in such commodities. We would not say a word or do an act to shield them from the opprobrium which they deserve. Our ethics are not arbitrary, or designed to oppress, or sanction injustice, but the single rule of right. To that we would hold everyone.

"We protest, therefore, against arbitrary legislation in medical matters as powerless for good, as tending to furnish a shield and sanction for crime and ignorance, and as a flagrant violation of the constitutional rights of citizens."

Intolerance among Physicians.—The unended, but we trust not endless question of professional recognition among the diverse schools of medical opinion and practice, has been brought once more into unseemly prominence in connection with the treatment of the late Earl of Beaconsfield.

Because the physician first in charge was nominally attached to a school of practice not accounted regular by those who arrogate to themselves the sole right to be so designated, the ordinary courtesies of the profession were refused him, and condemnation was urged against an associate who

had the courage to be a trifle more courteous than the society rules allowed.

It is a pity that physicians can not more generally rise above the traditional code of their craft in their professional consideration of this question, and look at the matter for a moment with the layman's unprejudiced eyes.

Were this done we are quite sure that there would be an end to the spirit of professional intolerance which so frequently comes in to embitter the intercourse or non-intercourse of physicians, to the hinderance of real progress in medicine, and the lowering of the moral, if not the professional, standing of physicians in the estimation of intelligent laymen. Individually, the majority of physicians recognize the present emptiness of the shibboleths of medical generations dead and gone. Years ago they meant a systematic abiding by this, that, or the other theory of medical practice; and A could not consistently consult with B or C, because they knew no common ground of theory or practice to agree upon. Their remedies being always different and their methods systematically opposed, there was at least a shadow of a reason for keeping professionally aloof. But knowledge comes though wisdom lingers, and sensible men in all the medical schools have learned the vital truths that all the schools possessed some truth and a great deal of error. The hard and fast lines of theory and practice have been abandoned by all; yet the medical codes are as intolerant as ever. In this, as in all cases, men in organized society prove to be more conservative, more bound by tradition and custom, than the individuals who make up the society.

In the Beaconsfield case the intensely conservative medical societies of London show, though unconsciously, the influence of the times. Formerly the reason for non-recognition would have been bold and clear: "The obnoxious physician is not of our school; therefore, his practice is all wrong, and we can have nothing to do with the case so long as he is retained." That excuse could no longer be given, since it had practically lost all its original force. So the ground was shifted, and the reason for non-intercourse was said to be moral, not professional. "The offending physician's practice is selective, like our own," the regulars said, "but he is sailing under false colors. In deference to the prejudices of the ignorant, he professes to be a disciple of Hahnemann, when he is not. Hahnemann has no genuine followers nowadays. We can not consult with a man who is a professional cheat, however reasonable his medical practice may be, or however admirable he may be in his private, non-professional character."

It will not take long, we fancy, for this flimsy pretext to wear itself out. And when that is gone the grounds for fence building between medical societies of different denominations will become shadowy indeed. It is high time they were lost sight of altogether. Intolerance is pretty

nearly gone out of fashion. Men in all professions are learning that any pretense of monopolizing knowledge, or wisdom, or sincerity of purpose on the part of any clique or school, is more likely to engender contempt than respect from the world at large. Men or sets of men in no way compromise their position, mentally, socially or professionally, by treating courteously those of different mental, social or professional standing; while they do seriously compromise their claim to popular respect by courses which indicate on their part an overweening confidence that they are radically better or wiser than any one else. In this country, at least, men are free to do right in any way or under any name that may happen to fall to them; and it lies with no exclusive schools of thought or practice, but with the best judgment of all, to decide what in any case is within or without the bounds of right. The "regular" physicians, as they delight to style themselves, take an honorable pride in saying that they are hampered by none of the theoretical or practical "pathies;" that they are scientific and scientifically free to accept and use all knowledge and all methods of practice that promise to benefit their patients. Intelligent physicians, whom the regulars style "irregular," take precisely the same ground. There are reasonable differences of opinion as to what, in any case, is true or expedient. And neither the regular nor the irregular heightens our respect for his opinion or practice by refusing to confer with those whose opinions do not exactly coincide with his own. Still less do we respect those who would disfellowship each other for imaginary differences implied by accidental school names or outworn shibboleths of system or method handed down from days when toleration was regarded as a crime rather than a virtue. The scientific and practical advancement of the art of medicine is to be helped much more by the unrestricted conference, friendly criticism, and mutual respect of all the schools, than by mutual intolerance and partisan wrangling.—*Scientific American.*

Who Prescribes for Our Patients?—This may seem a strange question to ask, as coming from the ordinary practitioner; and, at the first thought, the ordinary practitioner will be likely to answer that, as doctors, we prescribe for our patients ourselves. A little reflection will show that such an answer is not altogether correct. Aforetime, the answer that we do our own prescribing would have had a deal more of truth in it than it has to-day. The reason lies in this: within the last few years the manufacturing chemist, stepping beyond his legitimate business of preparing medicines, in such forms as the physician needed from which to make up judicious prescriptions suited to each separate case that came under his observation, has undertaken the task of doing the prescribing himself, in a wholesale fashion, by putting on the market, already prepared for use, a great variety of compounded articles stolen from the recipes of eminent physicians, and advertised as being suited to this or

that disease, without reference to the peculiar circumstances that may belong to every individual case. It is quite impossible that there should not be a large amount of mere haphazzard prescribing done in this way, many times to the detriment of the patient. This business is hardly one remove from the boldest kind of patent medicine business, and lacks the virtue of a certain degree of honesty, in that the patent medicine man boldly advertises himself as such. Further than this, the manufacturing chemist also puts on the market certain articles of trade, patented at Washington in the same way as are the avowed patent medicines; protected by a trade-mark, advertised ostensibly "for the profession only," the formula of which are generally not known to the physician, examples of which are *Maltine*, *Lactopeptine*, *Bromo-chloralum*, *Viburnum compownd*, *Bromidia*, *Iodia*, *Hydroleine*, etc., etc. These things are advertised in the medical journals, and sometimes in the regular papers, in exactly the same fashion as all healing ointments, liver pads, bilious pills, and other like traps; and between this kind of advertising of them and the advertising of the veriest quack medicines put out, it needs a very sharp professional magnifying glass to distinguish the difference. Besides this, we find appended to them the recommendations of college professors and other men high in the calling, to their shame be it said. It is quite safe to say that no one of the college men would go before his class and recommend these nostrums (they are nothing more) to their attention in the treatment of diseases; but they do not scruple to sell themselves out to the chemist for the furtherance of a business that is undermining the calling of the honest physician and the honest druggist alike. It is to be hoped they get good pay for it; there is little doubt they do; and this "accounts for the milk in the cocoanut" in that direction.

We have said undermining the physician and the druggist alike. It comes about in this way: The miserable trap of "sold to the profession only" is a humbug and a fraud. They are all sold to anybody, and generally at the same discount from advertised retail prices, as they are to the physician or the druggist, bought anywhere, the same as railroad pills or the universal cure-all; and being recommended in the same way, they in the same way dispense with the advice of the physician and the office of the apothecary. Moreover, accepting the advertisers' recommendations of men in the profession, high in place, that this class of articles is worthy, the honest doctor is persuaded to prescribe them oftentimes instead of writing out his own prescription, perhaps as being an easier way for the time, but eventually to his own detriment, since the next time his patient is ailing he buys the article without the advice of the doctor, on the fallacious ground that what was good for him yesterday will also be certain to be good to-day; and so both doctor and druggist are left without fee.

To say that this is all right for the patient, and saves him so much of his money, is equivalent to saying that both doctor and apothecary should

be left altogether out of account, and that the manufacturing chemist and the patent medicine man can furnish all that the rich want except nursing. Brain, in the study of each and every individual case, is thereby reckoned to be of no account, and every one is to be considered as being competent to take care of his own ills. It is time the profession should resolve that they will not countenance, or prescribe, or recommend in any instance, any trade-mark proprietary preparation whatever; in short, that they will put them in the same class (where they rightly belong) with the openly advertised quack nostrums that are sold at the corner groceries the country over.

In connection with this subject, it is greatly to be regretted that quite too many of the medical journals of the country aid in this swindle of the medical man and his patient alike by advertising these trade-marks and patented traps. But it seems to have become the fashion that the medical journal, following the secular puffs, should open not only its advertising pages to this sort of illegitimate business, but that it should likewise disgrace its professional columns by editorial puffs of any wishy-washy stuff the owner of which will pay. Honest physicians ought to have honest words in matters of this sort out of the columns of the medical papers he subscribes for; but in the way this business has come to be conducted, the honest physician is liable to be deceived, unless he fortifies himself beforehand with the reflection that the whole thing is merely a matter of business, and that editorial puffs are no more expected to have truth in them than are the epitaphs on the tombstones of the departed. And, considering that these editorial notices and these indorsements of college professors are simply fine ways of advertising any man's worthless wares, and that the advertising pages are the right carotid of the journals, which will not be cut, for the reason that it is the chief blood supply of the concern, it is well for the judicious practitioner to put them all down as miserable lies.—*Clinical News* (Allopathic).

How to get rid of Foundlings.—The methods adopted by the almshouse officials of Philadelphia for getting rid of unwelcome babies appear to be complete and efficient to a degree never before approached in a modern public institution. The death rate is precisely 100 per cent. As the president of the city board of Guardians of the Poor frankly puts it, when he protested against sending any more unfortunates to the almshouse: "All of them die. None of them live; and never have we raised a child out there."

The assertion seemed incredible, but an examination of the records of the institution found it to be true. It was discovered that few if any foundlings survived the almshouse treatment more than four months, and none lived more than six months. During the year 1880 there were brought to the institution 66 foundlings, of whom 30—of course the pretti-

est and apparently healthiest—were taken out for adoption. Of the 36 which were left all but one died within four months, and that one lived four months and one week. Nearly all died within four weeks of the time of entry.

Charges have been preferred against the management of the children's department of the almshouse by the society to protect children from cruelty, and at this writing the matter is still before the grand jury.

At the request of the president of the board of Guardians, the condition of the foundling ward was investigated by the obstetrical staff of the almshouse, who attributed the terrible mortality to bad food, impure quarters, bad air, and insufficent attendance. As given in the Record the report mentions that in former years there were twelve resident physicians in the institution, thus obviating the necessity for the frequent change to which the foundlings are now subjected in their medical attendance. Under the present rules of the almshouse the number of resident physicians is twenty-three, and these are young physicians, fresh from college. As these physicians are rotated every month, the infants, who should have a permanent medical officer over them, have a new physician every four weeks.

No doubt the official baby killers will to a man testify that everything has been done by them to discourage the perverse habit of the foundlings; and that it is only by the most painstaking carefulness that the little wretches have been kept alive so long on the average. But there will remain with the people at large a distressing sense of dissatisfaction with the results of the official tender mercies of the City of Brotherly Love. As a rule foundlings are not the best possible material for making men and women out of; still a death rate of 100 per cent in six months is a little too comprehensive to be accepted with composure, even when we are assured that "the subject has been one of serious study with the doctors of the almshouse for sixteen years," during which time, it is admitted, they have been unable to rear a single foundling in the institution.

Book Notices.

Popular Science Monthly. D. Appleton & Co., New York.

The May number comes to us ladened with the most valuable material. Among the many articles of interest we note the continution of "Physical

Education," by Dr. Oswald, and we suggest to those not yet privileged to read it, that the whole, as it has appeared in successive numbers of the journal, will richly repay reading. Also "Mineral Springs of Saratoga," "Eyes and School Books," "Color Blindness," "Eucalyptus in the Roman Campagna," and a host of other subjects. No physician should fail to add this journal to his list. The wonder is that any one can get along without it. Price five dollars.

Photographic Illustrations of Cutaneous Syphilis. By Geo. Henry Fox, A. M., M. D. E. B. Treat, Publisher, New York.

We are in receipt of Nos. 7, 8 and 9, and do not hesitate to pronounce them superb. We are anxiously waiting when we can have the whole to be bound in one royal quarto, which nothing in the line of similar illustrations can excel. The cost of each number is two dollars, and contains four fine hand colored drawings. Any one desirous of careful study of this disease with clinical advantages can do no better outside of the hospital than to purchase these beautiful plates.

The Scientific American. Munn & Co., New York.

This most excellent weekly holds on the even tenor of its way. As a family and semi-professional journal it is unexcelled. The beauty and variety of its illustrations are surpassed only by the value and variety of information it presents upon all important topics. It should be read by everybody. Price $3.20 per year.

A Treatise on Diphtheria. Its History, Etiology, Varieties, Pathology, Sequelæ, Diagnosis, and Homœopathic Therapeutics. A Prize Essay. By A. McNeil, M. D. Duncan Bros., Chicago.

The author has here given the profession a valuable little monograph upon a subject of inexhaustible interest. It can scarcely be said to include much that is new; but the subject will attract more attention in this shape than when in our ordinary text-books. The author is a simonpure homœopath, but in his therapeutics he unmistakably lapsed when he wrote the paragraph on "inhalations." It fatally strains a point to say that liquor calcis by inhalation is strictly homœopathic. And turning to page 110 the author says: "I passed through an epidemic of whooping-cough in the spring and summer of 1875, at a time when *Gelsemium* was the epidemic remedy, curing intermittents, remittents, coryzas, etc., etc. By studying the whooping-cough alone, I never would have been led to the administration of *Gelsemium* by the light I then had, but by studying all

diseases then prevailing as a unit, I gave that remedy, with the most gratifying results; for in twelve hours it changed the cough to an ordinary catarrhal one, that disappeared in a week." This, also, strains the application of the law; for it requires the symptoms of two or more patients to find the similimum of one. Dr. McNeil is an earnest writer, an enthusiastic homœopath, and has given us a good book, which it will pay to read and which we advise our readers to buy.

Spectacles, and How to Choose Them. By C. H. Vilas, M. D. Duncan Bros., Chicago.

This little work is a much-needed addition to our literature. The author has, in his brief exposition, struck a happy medium between the strictly technical and the popular style. He has helped to make things very plain, and we are sure the profession will find his book better than pebble-glass for seeing into this intricate subject. It is profusely illustrated, and will repay students and physicians who carefully study its pages. Price, $1.

Editor's Table.

Dr. J. G. Gilchrist has moved to 66 Howard street, Detroit.

Dr. C. N. SHELLENBERGER has moved his office to 1834 Mt. Vernon st. Philadelphia.

DR. F. R. TIMMERMANN has moved to Hastings, Mich., and associated himself with Dr. Devere.

Two physicians and surgeons of London, England, are supposed to receive $100,000 per year each in fees.

WANTED.—A capable homœopathic physician with $5,000. For particulars address Dr. Frain, Spencer, Iowa.

TO KILL rats, feed them on meal and plaster of Paris, mixed dry. After drinking water death soon is their condition.

BROOKLYN has a club called "The sons of rest, who never worked and never will." They are objects of interest to the police.

THE mortality rate for Chicago, for April, was 23.46 per 1000; for London, England, for the week ending March 26, was 21.3.

NEW YORK Homœopathic Medical College.—The class in this institution numbered 165 students; sixty applied for graduation.

SECRETARY BLAINE is suffering from Bright's disease of the kidneys the same disease which closed the life of Senator Carpenter.

DR C. M. DINSMORE, of Omaha, Nebraska, will take pleasure in locating homœopathic physicians in desirable positions in his state.

DR. G. W. RHONEHOUSE has located in South Toledo, O., occupying the field which Dr. L. S. Barnes, now of Fremont, filled for fifteen years past.

THE deaths reported from small-pox, for three months ending April 2, were in Philadelphia 614, New York 97, Chicago 80, Brooklyn 7, Cincinnati 2.

Dr. W. P. BROOKS, of Tecumseh, Neb., has extended the allopathic profession of that state a challenge, to discuss the questions relating to medical science.

GEORGE BRINE, king of the English tramps, died the other day in an English almshouse. He boasted that he had been in every jail and workhouse in England.

AN Irish medical student, in reply to the question, "What would you give a patient who had taken a heavy dose of *Arsenic?*" said, "I would give him extreme unction."

"OH, give me anything made of beans," exclaimed a Boston man taken sick in the West, when asked what he would have to eat. They obeyed his request. They gave him *Castor oil.*

ALL members of the Homœopathic Medical Society of Ohio, expecting to attend the World's Convention, will please inform the Secretary, and receive credentials.—H. E. BEEBE, M. D., Secretary, Sidney, O.

DR. C. J. CONEY, of Grand Ledge, Monday evening, May 16th, gave the Hahnemann Society of the University of Michigan a lecture on demonology. The discourse showed much study, and was well received.

A CONVENIENT method of applying moist heat is to place flannels in a steamer and allow only the steam to come into contact with the cloths; this avoids the necessity of burning the hands through wringing, etc.

Dr. W. H. WINSLOW, of Pittsburgh, Pa., has nearly ready for press, a complete work, finely illustrated, upon *Diseases of the Ear.* It will contain about 400 pages, and be brought out in the best style of the printer's art.

IT HAS been suggested to remedy anteflexion of the uterus by accustoming the bladder to retain from four to twelve ounces of urine. By this distention the anteflexion will be overcome, but a greater evil may follow.

AN association has been formed to establish a homœopathic hospital in Washington, D. C., which shall be national. The executive committee will be glad to receive contributions through Hon. M. Blair, Chairman, or C. B. Gilbert, Cor. Sec'y.

THERE is a crematory in South Boston in the form of a lime kiln. Tramps crawl into it because it is warm, go comfortably to sleep, are overcome by gas and finally are burned to a crisp when the fire is freshened in the morning. Sixteen lives have thus been lost within a few years.

A FIERCE dispute raged in the English papers respecting Sir William Jenner's refusal to meet Dr. Kidd because the latter was suspected of treating Lord Beaconsfield homœopathically. Dr. Kidd seems to have been ungraciously treated by the orthodox allopath, but bore himself well.

A SHORT concise writing, giving the present status of Homœopathy in all communities, and its progress during the past years, will be published in the July and following numbers, as received, if local physicians will favor us with these reports. Let every member of the school take an interest in this matter, and give us the facts. All are invited to enter into the construction of this historical product.

A LLAMA doctor, who, if he does not happen to have any medicines handy, writes the name of the remedy he would administer on a scrap of paper, moistens it with his mouth, rolls it up in the form of a pill, which the patient tosses down his throat. In default of paper, the name of the drug is chalked on a board, and washed off again with water, which serves as a healing draught.

THE Homœopathic Medical Society of Kansas met at Topeka, May 5, 1881, with a very large attendance. A public meeting was held at the Congregational church last night, at which an oration was delivered by Dr. W. D. Gentry, of Kansas City. A poem was read by Dr. Roby, of Topeka. The following officers were elected for the ensuing year: Dr. J. Roby, president; Dr. W. D. Gentry, vice-president; Dr. Mosley, of Olathe, secretary; Dr. Johnson, of Atchison, treasurer.

IN the present *furor* for fluid beef juice, the necessity for starchy matters is being quite overlooked, or, to be very safe, underestimated. These meat products furnish—the best of them—little glycogen or animal starch, and yet that is the fuel food of the body *par excellence*. We must be guided by rational knowledge, by physiology, and not by fashion, in our dietetics. When there is very feeble digestion, then the digested milk and milk gruel is to be employed.

THE interior life of the tenement houses this torrid weather, is better imagined than described. Think of whole families occupying a single apartment, and that apartment containing a red hot stove in full blast for cooking purposes. Yet this is an ordinary experience. The little children take refuge in the street, dirty as they are, during the day, but at night they might as well be in a baker's oven. If this is civilization, the wild Indian ought to be thankful that he is still a savage, for he at least has an opportunity to know what a blessing pure air is.

THE Michigan State Homœopathic Medical Society met in Ann Arbor as announced, and held a two days' session. The weather proved delightful, and the attendance was good. Dr. O. R. Long, of Ionia, presided with marked success. The papers were not numerous, but those presented were carefully prepared. The discussions were not as extensive as we could desire, but all was conceived and carried out in a spirit of kindness. A general feeling of good fellowship prevailed, and it was unanimously determined to make this Society in all respects the peer of its sister societies. Dr. H. R. Arndt, of Grand Rapids, was elected President for the coming year.

THE Nebraska State Homœopathic Society met at Omaha, May 4, and was called to order by Dr. C. M. Dinsmore. The papers presented were excellent, and entitled: Hygienic Management of Infants, by Dr. Cooley; *Phytolacca* in Induration and Swelling of Glands, Dr. Baston; Our Materia Medica, Dr. Cowperthwait; Clinical Uses of *Belladonna*, Dr. Paine; Thermo-therapia, Dr. C. M. Dinsmore; A Clinical Case, Dr. Woods; Uterine Displacements, Dr. Parsell. The officers elected for the ensuing year are: Dr. B. L. Paine, Lincoln, president; Dr. A. M. Smith and Dr. F. B. Richter, vice-presidents; Dr. C. M. Dinsmore, secretary, Omaha; Dr. O. S. Wood, treasurer.

THE Homœopathic Medical Society of Ohio convened at Toledo, May 10 and 11. At this healthful and beautiful city the society had a larger attendance and more successful meeting than for years previous. The local physicians gave a hearty welcome, and took pleasure in adding to the comfort of their visiting associates. Through the efforts of Dr. M. H. Parmalee, who presided at the banquet, and his excellent wife, and Drs. Claypool and Hatfield, the visit to Toledo will be long cherished among the agreeable things past. Dr. Wm. Owens was elected president for the ensuing year; Dr. Beebe, Secretary; Dr. Sanders, Treasurer. The next meeting is to be held at Springfield.

THE largest man in America is said to have been the late Lewis Cornelius, of Pike County, Pennsylvania. His dimensions were as follows: Height, six feet; circumference, below the waist, eight feet two inches; above the waist, six feet two and one-half inches; above elbow, two feet two inches; below elbow, one foot nine inches; of wrist, one foot three

inches; of thigh, four feet two inches; of calf of leg, two feet seven inches; of ankle, one foot seven inches; weight, 700 pounds. Mrs. Charles Ballou, known as the Mammoth Queen, died April 8th. Her weight had been given as high as 575 pounds; just before her death it was 400 pounds. The coffin was six and one-half feet long, three feet wide, and twenty inches deep

Our new Postmaster-General, James, is awake to some of the abuses perpetrated upon the mails. He has checked the mushroom growths in the way of secular journals, started just for the purpose of distributing advertisements at the low rate accorded reputable publications. Shrewd and tricky men evade the law through registration. But registration is withheld many applications. If registration were refused medical (?) journals who derive their support through advertising nostrums and the venders of nostrums, were made to pay for the use of the mails at proper rates, their cursed traffic would not be encouraged to the extent it now is. We hope to see this abuse remedied.

Dr. J. Albro Eaton, physician in charge of the Brooklyn, E. D., Homœopathic Dispensary Association, presented to the Board of Trustees the following report: February, number of males, 210; number of females, 639; total, 839; daily average of attendance, 36. March, number of males, 342; number of females, 810; total, 1152; daily average attendance, 42. The officers of the medical staff and the several departments are as follows: President, J. Albro Eaton; Vice-President, F. E. Stafford; Secretary, W. H. McLenathan; Treasurer, E. H. Ashwin; Respiratory Diseases, Drs. Ashwin and Von der Luke; Digestive Diseases, Drs. Eden and Von Schoonhoven; Surgical and Skin Diseases, Drs. McLenathan and Palmer; Eye and Ear Diseases, Dr. Palmer; Female Diseases, Drs. Eaton, Nichols and Stafford; Unclassified and Children's Diseases, Dr. Jarrett; Throat Diseases, Dr. McLenathan; Dental Surgery, Dr. Eaton.

Western Academy of Homœopathy.—The next annual session of the Western Academy of Homœopathy will be held in Chicago, June 8th, 9th and 10th. All papers should be sent to the chairmen of the respective Bureaus, a list of which is appended: Sanitary Science, G. W. Foote, M. D., Galesburg; Pharmacy, T. C. Duncan, M. D., Chicago; Materia Medica, L. Sherman, M. D., Milwaukee, Wis.; Obstetrics, Julia H. Smith, M. D., Chicago, Ill.; Gynæcology, M. M. Eaton, M. D., Cincinnati, O.; Pedology, Jacob C. Harris, M. D., Galena, Ill.; Clinical Medicine, W. J. Hawkes, M. D., Chicago, Ill.; Surgery, A. S. Everett, M. D., Denver, Col.; Ophthalmology and Otology, C. H. Vilas, M. D., Chicago; Psychology, N. A. Pennoyer, M. D., Kenosha, Wis.; Statistics, Registration, etc., R. L. Hill, M. D., Oakland, Cal. All communications will be answered by the General Secretary, C. H. Goodman, M. D., 2619 Pine street, St. Louis.

HOT SAND A GOOD BED FELLOW.—The comfort which a hot water jug or even a hot brick may afford a person on retiring, chilled, is very great, and beyond this, the use of some such warmth-producing appliance is useful as a health preservative and restorative. But one of the most convenient articles to be used as a bed warmer and in a sick room, is a sand bag. Get some clean, fine sand, dry it thoroughly in a kettle on the stove, make a bag about eight inches square of flannel, fill it with the dry sand, sew the opening carefully together, and cover the bag with cotton or linen cloth. This will prevent the sand from sifting out, and will also enable you to heat the bag quickly by placing it in the oven, or on top of the stove. After once using this you will never again attempt to warm the feet or hands of a sick person with a bottle of hot water or a brick. The sand holds the heat a long time, and the bag can be tucked up to the back without hurting the invalid. It is a good plan to make two or three of the bags and keep them ready for use.

IT IS quite popular to encourage movements that will compel individuals to pay a few medical men assembled together nominally as colleges of medicine, but in reality in schemes for making money by other means than practicing medicine. The honor and dignity of the profession are in too many instances subsidiary to the receipt of the money pittance accepted by these guardians (?) of higher education. The profession needs other methods than laxity and dependence on individuals pecuniarily influenced, to prevent its members becoming too great for usefulness, and more common than tramps. Who will take the initiatory for restraining the source of pollution through impecunious colleges and hungry professors? Diploma mills easily secure legal sanction, and many institutions would depreciate in the minds of the public were their private histories known. When prominent institutions retrace their steps toward a higher standard and announce that a desire to become physicians and the possession of the requisite fee are sufficient for the admission of candidates to the profession, it would be well to revoke their charters. Such a step Bellevue Hospital, New York, took. The welfare of the profession and health of the laity would not be impaired if half the charters of medical colleges were revoked.

WHAT NOT TO DO FOR SICK PEOPLE.—Don't make a fuss. Don't bustle, don't fidget, don't prognosticate. Don't hold consultations in or about the patient's room, recounting all your own and your neighbor's experiences in what you suppose to have been like cases. Don't meddle and advise and experiment. We all need a great deal more letting alone than we get, and when we are sick it is one of our prime needs. If mortuary lists were honestly tabulated, we should find that more people have been bored to death than have died from neglect. The pest of the sick room is the inevitable friend who drops in to "cheer up" the patient, the glistening eyes and flushed cheeks which such ministrations evoke being

hailed as evidence of success by the well-meaning persecutor. Don't tease the patients with questions about food or drink, but present the proper quantity at suitable intervals; and if one article is found to be disagreeable, quietly substitute another without remark. Don't think, because the patient declines nourishment, that it becomes less necessary to administer it. By quiet, firm, methodical persistence in presenting food at stated periods, objections will become feebler and cease, in self-defense. Solid food need not be insisted upon unless by special direction of the physician, but milk and beef tea should never be omitted.

THERE SEEMS to be a general idea that when a boy asks to leave the schoolroom it is simply to have a game of marbles in the yard, or play some other game. That he has urgent reason for his request never seems to enter the darkened recess of his teacher's mind. He is told to wait until school is out, and should he rebel at this, another half hour or hour may be added to his torture. Now, as the teacher has never been a boy and devoured the best part of a gooseberry pie, or gulped several glasses of water within a single half hour, of course it is not to be expected that she can understand what the boy is enduring. Then a failure in lessons results in a shortened dinner hour, and as the boy has not thought to hedge against such a contingency by bringing his lunch with him, he is obliged to hurry home at a breakneck speed, swallow his lunch whole, and rush back to school. He eventually, after a course of this kind, will be able to furnish another illustration of the proverb that "the race is not to the swift," for his race will soon be run. Until some one can invent a boy gauge for truthfulness, it would be better far that the whole school go to the yard without any excuse than that one boy should be made to suffer. This is a subject that needs ventilation. The boy is a nuisance and tries the patience of his teacher, but there is no doubt that there will always be boys, and so it behooves us to protect their health, and not make our institutions of learning also institutes for the establishment of chronic and incurable diseases.

CINCINNATI MEDICAL ADVANCE

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MEDICAL BOURBONISM.—In certain allopathic circles quite an excitement has been created by the announcement that the American Medical (allopathic) Association passed the following at its recent meeting in Richmond, Va. :

"It is not in accord with the interest of the public or the honor of the profession that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with, the graduation of persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of medicine."

It is a well-known fact that this deliverance had very little meaning, except as it applied to the "Department of Medicine and Surgery" in the University of Michigan, and was designed to help a few malcontents to shut out the homœopathic students from their right in anatomy, physiology and chemistry.

The readiness with which certain parties have given notice of their intention to comply with the foregoing, and the boldness with which they have announced that homœopathic students are to be shut out of obtaining certificates hereafter, is an exhibition of subserviency that is painful to see.

So, then, the honorable Regents seem to have nothing to say. Their laws are annulled by the American Medical Association. Well, let us wait and see. Meantime, let us read the statement over again, and

see how little there is in it more than a mere opinion. "It is not in accord with the interest of the public." How true that is the American Medical Association should know. If the interests of the dear public are to be imperiled by the signing of the certificates of homœopathic students by allopathic doctors and professors, by all means let it be prevented. What hidden vice there may be in the act, only the American Medical Association or the allopathic doctors can see. Homœopathic students should keep their certificates free from contaminating influences that might harm the public.

For two years or more the malcontents have been trying to drive through the Association a rule forbidding the instruction of homœopathic students. This has been bravely and successfully opposed, though it would have amounted to nothing had it passed. Compare that demand with the feeble utterance of the above, and you can see how far their courage has fallen off.

For the present the work of instructing homœopathic students may go on, but to certify in due form that the work has been well done, or done at all, is eminently dishonorable. The public, which has such a lively interest in this matter, may see it in the same light; but there are gentlemen in the allopathic school who look upon the whole affair as a broad farce.

The following is the opinion of the editor of the Medical (old school) Record, of New York. This is one of the largest and most influential journals of that school. Under date of May 14, 1881, the editor says:

One of the notable features of the general session (American Medical Association, Richmond meeting), was the discussion of the proposed amendment to the by-laws referring to the teaching of prospective homœopathic practitioners. The amendment to the by-laws was proposed two or three years ago, and was laid on the table until the present session. The reason for the previous action upon the question was an obvious and simple one. It was the opinion of the more conservative members that the Association was not prepared to take action on the subject. Nor does it appear that such an opinion would not hold good in view of the final result of the vote. The substitute for the amendment was no better, so far as concerned the principle involved, than the original proposition. *We have no hesitation in saying that the action taken will not be indorsed by the majority of the profession in the country.* Unless we are willing to admit that the teaching of truth is harmful; that education is dangerous; that true science can be misconstrued; and that the right will not always prove itself such, we are forced to acknowledge that the Association has taken a step backward in its present course. It is, in truth, a lamentable confession of the lack of faith in the perpetuity of rational medicine. It is so clearly out of the province of the Association to dictate to what purposes medical education may be used, that the action is absurd on its face. *On the contrary, it is in perfect accord with the interest of the public and the honor of the profession to use every means to properly educate any one who wishes to become a physician.* After such an education, the physician can

use his knowledge as he may see fit. Deny him this right, and we not only hinder advancement, but descend to bigotry. Such a course is contrary to the spirit of our institutions. (Italics ours.)

Who knows but that the honorable Regents may be of the same mind? Certainly the intelligent portion of the public will hold the views of the editor of the Record. But the medical Bourbons never learn anything. They hold to ignorance as a cardinal virtue, and commend it to the lips of their homœopathic neighbors.

THE DYSPEPTIC EDITOR OF THE LONDON LANCET has been heard from. He has issued an editorial on "Why we do not consult with homœopaths." It betrays so much truthfulness and intelligence that we would transfer the article entire to our pages, if we had room for such rubbish. If the "we" to whom he refers, is the great editorial we of whom so much is heard, of whom so many stand in mortal fear, then we have nothing to say. It is just possible that the editor consults with nobody, having nothing to consult about; for it is absurd to suppose an editor has patients. But if he speaks for the allopathic profession, he mistakes his calling and the truth at the same time. The editor is not ignorant of the fact that there are many distinguished members of that profession who do not hesitate to do just that thing. It is the very consciousness of that fact, that has led him to braid the lash he swings about so valiantly. In his small mind's eye, he sees this being done, and so, when we read, not what he has written, but what he intended to write, that is, what may be found between the lines, we see a word of warning uttered, and the gentlemen who are recreant to the code, will be expected to govern themselves accordingly. The learned and honorable editor talks glibly of homœopathic "impudence" and "imbecility." He states that HAHNEMANN'S doctrines, "the law of similars" and "dynamization" have met "the unanimous condemnation of scientists, philosophers and practical physicians." He also says that "few professed homœopaths nowadays owe allegiance to HAHNEMANN; still less do they accept Homœopathy as a complete system of therapeutics." And he proves all this by the statement of one Dr. WILDE, of England, who, some two years ago, after renouncing his belief in Homœopathy, offered to sell out the homœopathic school to the allopathic junk shop, and he declares, that "the plain meaning" of WILDE'S declaration is, that "the law of similars has broken down," and "that the therapeutic maxim of the 'infinitesimal dose' is false," and that "by a large number in this country (England) is *all but* abandoned." We have italicised the saving clause of this terrible statement. The learned editor would be astonished if he could look into the placid face of truth. and see himself as others see him. Poor fellow! His owlish eyes are blinded by the light, and like another

little boy, of whom we elsewhere read, he is whistling to keep his courage up. How nice it is to be an editor and have such a nice chance to exhibit one's ignorance! If his contributors should write such nonsense on other subjects, he would be sure to put their contributions where they would do the least possible harm; and there are many of his subscribers who would, no doubt, advise this sapient editor to hide his lucubrations also in the waste basket. Why respectable men who claim to be intelligent, will utter such untruths, is past all comprehensions. It is a waste of time to show these gentlemen how much they err. So far as they are individually concerned, it is not a matter of much moment, but it is a pity they mislead so many others.

Long Live the American Medical Association! How nice it must be to belong to this honorable body! How much the world in general, and medical science in particular, will be indebted to it in years to come! What rapid progress must be made under its fostering care! Every member of that great body is a bondsman. When the political shackles of four million slaves fell to the ground the American nation shot forward in development with a rapidity the world never before saw. But how can it be that we should be called a free people when intellectual slavery holds so many in hopeless thraldom? There isn't a man in the American Medical Association, that has not sold his birthright to the Association. Individual liberty of thought and action are with him out of the question. He takes the code for his creed, and swears by it and lives by it. He fancies he has freedom. So does a colt tied to a post with a halter. What a pity, Galen and Sydenham, and Harvey, and Jenner, had not belonged to the American Medical Association! What a world of trouble they would have escaped thereby! If dear old Paracelsus had had the bits of the American Medical Association between his teeth he would have given his wise contemporaries less trouble. But we don't object to the medical ignorance voluntarily cultivated by the members of that honorable body. We do object to the general loss of decency they suffer. Why so many allopathic doctors cease to be gentlemen when they join the Association, is a mystery. As a rule, the ordinary courtesies of life cease to have any claim upon them. They seem to be generators of hate, and on occasions the most delicate and sacred, they show the bitterest animosity. There are members of that body who are in every sense gentlemen, and who act as such, but they are in a hopeless minority. Bigotry has built around the Association a Chinese wall, which the members dare not pass, and it is useless looking to them for future progress. Every advancement they can hope to make will be gained in defiance of the code. They boast of their willingness and they show their ability to shut out the truth. In all this they are perfectly "regular."

ALLOPATHIC MORALS.—It may seem strange to put it this way, but it must be patent to all who read, that, in matters of truth telling, the allopathic school has set up a standard so peculiarly its own, that it has earned the right to a system of morals not laid down in our ethical works, at least upon the moral side. Our remarks in a former number concerning the moral obliquity of some of the writers and teachers of that school, have been thought to be severe. We have, however, written of things about which we are personally cognizant, and under their immediate effect we have been led to say, that certain medical gentlemen so-called, were lacking in gentlemanly qualities. As to their ability to tell the truth, we have plenty of evidence in some of their medical journals. That this moral obliquity is not peculiar to this country, we have the following proof. A medical writer to the London Times, speaking for the allopathic school of England, says, in a recent issue of that paper:

The regular practitioners maintain that there are no homœopaths, and that the whole system has died out some years ago. They maintain, that those who call themselves homœopaths, do not differ from ordinary practitioners in anything but in making a profession of pursuing a particular mode of treatment, which as a fact they do not pursue; and that the question is not one of science at all, but simply one of morals. * * * * The followers of Hahnemann, on the other hand, have been content to seek a short cut to remunerative practice, by ministering to the ignorant credulity of the vulgar rich.

An extraordinary meeting of the British Homœopathic Society—a society consisting exclusively of duly qualified and registered members of the medical profession—was called, and the following was unanimously passed:

That from the structure and wording of the letters referred to, it being evident that the writer is a medical man, the British Homœopathic Society deeply regrets, that any member of the medical profession should have been found capable of so recklessly imputing dishonest conduct to his professional brethren, as this correspondent has done.

That the members of the British Homœopathic Society, while not feeling the occasion to be one on which they are called upon to defend the scientific character of their therapeutics, desire to protest against the statements contained in the foregoing extracts, as utterly unfounded in fact, and impossible of justification.

The Monthly Homœopathic Review, from which the above is taken, says, this respectful and emphatic rejoinder was sent to the Times, and refused insertion. This places the crime on broader shoulders than those of an obscure correspondent. It is endorsed by the great political paper, and will be repeated by busy tongues all over the United Kingdom. The better men of the allopathic school must look upon these things with ill-concealed disgust.

desired. In this way we could soon have a knowledge of materia medica, that would be of vast importance to us when called to the bedside of the sick. We need a better knowledge of the characteristic symptoms of each drug; then we can select the proper remedy with more ease.

I do not wish to convey the idea that the characteristic indications are all that is necessary, for that is but a small share; but any physician that masters that much of the leading remedies will find that he has a starting point that will make the rest much easier. He will find that he has the ground-work for a thorough knowledge of materia medica that will be well worth the labor.

I imagine many of our failures in prescribing is owing to the fact that we fail to notice each peculiar symptom.

For fever, *Aconite* is usually given; but all careful prescribers know very well that in many cases with high fever some other remedy answers better. Fever without nervousness and restlessness would not be likely to be controlled by *Aconite.* For vomiting, the first thought is of *Ipecac;* and yet the nausea of that remedy, with its absence of thirst, differs widely from that of *Arsenicum*, with its violent thirst for small quantities of water, and the intense burning pain in the stomach, or *Veratrum alb.*, with its unquenchable thirst, especially for cold water; its violent vomiting, with great prostration, or *Phosphorus*, with its peculiarity of ejecting everything drank as soon as it gets warm in the stomach.

In other troubles we need to exercise the same care in the selection of the remedy. For example, in dysentery, with its frequent, scanty, bloody, slimy stools, with constant tenesmus, we would first think of *Mercurius cor.;* but if the vesical tenesmus was absent, we should very likely be compelled to resort to some other remedy to cure our patient.

These illustrations might be continued indefinitely, but enough has been said.

The only way we can be successful prescribers is to obtain a thorough knowledge of our materia medica; and that is best accomplished by first learning the characteristic symptoms of the remedies we expect to use.

Ulceration of the Descending Colon and Rectum. By E. Gillard, M. D., Sandusky, Ohio. Read before the Ohio State Homœopathic Society.

GENTLEMEN:—It is not my purpose at this time to present you a paper upon the pathology of the above disease. This you can find much more capably treated of in any of the many well-written works upon that subject. I desire to present for your consideration the report of a case of ulceration of the descending colon and rectum, which obstinately refused, for a period of three years, to yield to carefully selected remedies, and what I considered well-regulated hygienic measures, and yielded and was cured in one year by *Lycopodium* 3*x*. trit. with the same hygienic measures and surrounding circumstances.

Case—Miss Emma Barber, farmer's daughter; American; aet. thirty-five years; nervous temperament; complexion, hair and eyes, dark; was taken sick in October, 1872, with diarrhœa; was treated by Dr. Hearcy (allopathic), of Lyme, Ohio, until December 1, 1873, when I was called to attend her, and found the following condition: General appearance, anaemic; skin dry and dingy—bilious-looking skin; pulse, 120 per minute, soft and feeble; temperature, 102 Fahr.; very much emaciated and debilitated; appetite, very poor; fullness and distress in the stomach and bowels; after eating, much accumulation of gases in stomach and bowels; very nervous and melancholy, inclined to weep much; great physical and intellectual oppression, together with a sense of fatigue and weakness; tongue, broad, somewhat pale, and flabby; papilla enlarged and red, this being most apparent on the tip and edges; dorsum raw-looking, covered with white fur, through which the papilla stood out as vivid red points; whole abdomen tender to pressure, but more especially so along the course of the descending colon; abdomen distended with gases; colicy, griping pains at short intervals, but more especially just preceding and during an evacuation from the bowels; no tenesmus, evacuations occur most frequently in the morning,

from six until eight o'clock; during this time she would have from four to six passages; during the remainder of the day and night would have from four to eight discharges; stools were liquid, consisting of greenish-yellow pus and blood; very offensive; would pass about one tablespoonful of pus and perhaps one-half to one teaspoonful of blood at each evacuation; blood and pus were not generally mixed; pus was passed first, after it a little blood, sometimes clotted; once in two or three days would have a passage of fæcal matter nearly or quite normal in appearance, excepting that it was covered with pus and blood.

One year after my treatment commenced a complete anal fistula was formed. This discharged freely, and was a source of great anxiety and distress to the patient; for now she had no control of the discharges from the bowels, as the contents of the bowels escaped continually from the fistula, emitting its horrible stench constantly, to the great discomfort of the whole family. I endeavored for six months to relieve the fistula by constitutional and local measures, but unsuccessfully. I then advised an operation, and on May 18, 1875, operated, by dividing the muscle and intervening cellular tissue; used a wash of *Calendula* to the fistulous track and wound. In four months it was entirely healed, and the discharges from the bowels were again under the control of the patient, and this was a great comfort to say the least.

The treatment pursued throughout the case was substantially as follows: In the first instance, recognizing the great importance of selecting a diet which would combine the largest amount of nutrition with the least tax to the greatly enfeebled digestive organs, I decided upon warm milk, taken soon after milking, while still warm. This was obtained by keeping the cow near the house, and milking at such times as seemed necessary. Animal broths, such as beef broth, beef tea, mutton broth, oyster broth, etc., were also given in limited quantities, but as a rule did not agree well. Ordinary table tea and some stale bread were also permitted at times. As to medicinal treatment I could report with less trouble the remedies that I did not use than the ones I did use. The prin-

cipal remedies for the first three years were the following, viz: *Silicia, Cal. carb., Cal. phos.. Cal. iod., Mer. sol., Mer. viv., Kali bic., Arsen. alb., Sulp., Hepar sulp., Bella., China, Nux. vom., Pulst., Podoph., Rhus tox.*, and *Ferrum.* This list comprises all the remedies used in the case until the one that performed the cure was prescribed. All the remedies were given in potencies, ranging from the 3*x.* to the 30th; were given separately, and were not discontinued until I was fully satisfied either that the remedy was doing no good, or that some other remedy was more nearly indicated.

The use of these remedies, you will understand, extended over a period of three years. During all of this long period there was no change for the better. The progress of the local trouble was, perhaps, held in check, but the disease made deep furrows in the patient's general health. She grew, from day to day, more and more emaciated and debilitated, until her strength finally yielded, and she was obliged to take to her room and bed and remain there. There was no change, either in the character or frequency of the evacuations—not even after the anal fistula was released.

It was now that I became discouraged, and began to feel as though the lever had slipped from my grasp, and now, after a long and weary conflict, had been defeated. It was in this extremity that I again, and for the many hundredth time, sought aid and counsel in my old and well-worn Hull's Jahr, and it did not disappoint me. I was led to prescribe *Lycopodium.* I gave it in the 3*x.* trit., at short intervals at first, gradually extending the intervals as improvement progressed. From the first day that she took *Lycopodium* improvement began, and continued, uninterrupted, for the period of one year, at the expiration of which time the disease was pronounced *cured.* Health and strength were fully restored, and to-day, four years since her recovery, she is strong and healthy.

Physiology.

Assimilation in Wasting Diseases. By S. R. Geiser, M. D., Cincinnati. Read before the Ohio State Homœopathic Society.

"Leanness," says Dr. Good, "is not necessarily a disease; for many persons who are pecularily lean are pecularily healthy." It is only when increasing debility accompanies gradual emaciation that the extenuation of the system is to be regarded as abnormal. The proximate condition upon which all the varieties of wasting diseases depends, is in a measure bloodlessness. The manufacture and supply of nutrient material is not equal to the waste, and this implies a primary fault in the digestive or assimilating functions.

Cod liver oil, since its introduction into practice, about fifty years ago, has been considered by many in the profession as the article promising the best results in the treatment of wasting diseases, but if the fact that all, or nearly all, who are treated by it go to their graves, does not sufficiently attest the fallacy of the popular theory and practice so far as these diseases are concerned, no explanation that could be offered would be of any avail.

To the thinking physician it should not at all appear strange that better results are not obtained by the administration of large quantities of fats or oils, for articles given as diet or medicines, that produce unpleasant eructations or sense of nausea, can not be easily digested and assimilated. The ordinary so-called emulsions of *Cod liver oil* and other fats simply remain awhile in the form of a coarse mechanical mixture after agitation. The digestion of oil devolves upon those functional powers, the deficiency of which is the most prominent symptom in wasting diseases.

Fats taken as food have been traced and found that they pass with comparatively little change from the alimentary canal into the blood, either directly, or through the intermediate passage of the chyle.

It is evident that in an animal fattened on ordinary fattening food, only a small fraction of the fat stored up in the body can come direct from the fat of the food. Liebig has shown that the butter present in the milk of a cow was much greater than could be accounted for by the scanty fat present in the grass she consumed. He also used as an argument in the same direction, that the wax produced by bees is out of all proportion to the fat contained in their food.

Laws and Gilbert have shown by direct analysis that for every 100 parts of fat in the food of a fattening pig, 472 parts were store up as fat during the fattening period. This should certainly prove that fat is formed in the body out of something which is not fat.

The good effects apparently obtained from *Cod liver oil* are probably due to the excess of fatty acids contained in it, amounting to about ten per cent, and not to the oil proper.

Human beings unquestionably have instincts which indicate what is proper for them, and the natural repugnance which is experienced for certain articles, is proof that they are not adapted to weakened conditions of the digestive and assimilating organs in wasting diseases.

The Esquimaux, naturally a healthy race, who subsist principally upon fat, are a lazy, stupid people, suffering only from pulmonary diseases and disorders of the stomach, occasioned by a superabundance of fat taken as food, their condition largely confirming the conclusions drawn from the fat fed to animals in France by an eminent physiologist, viz: Those fed solely with fat become emaciated and finally died from inanition.

Wasting diseases do not necessarily indicate a want of fat but rather a want of good digestive and assimilating capacities. If wholesome food be taken, every part of the system is nourished by it. *Iron* is not invariably the remedy to make blood, oil to make fat, *Phosphorus* or fish to make brain, and so on. If the vital force be kept strong, that will distribute to each organ as it needs out of the general supply. It would be just as absurd to suppose that fats are infallible

specifics for wasting diseases as it would be to suppose that *Mercurius* is the only remedy for dysentery, or *Aconite* for all forms of fever; or lime the only bone-forming article, as one sapient authority says, "the lime," using it in milk, "goes to build up the bones."

When the system receives too large an amount of substances for digestion and assimilation, the blood becomes surcharged with waste, and the mental condition, as well as the digestive and assimilative organs, are unpleasantly affected.

It is a well known physiological fact that oily matters are not affected by the gastric juice; hence they are not digested in the stomach. So long as they remain in this organ they are unchanged in their essential properties; nor does the digestion of the oil and its conversion into chyle take place at once upon its entrance into the duodenum, but after it has passed the orifices of the pancreatic and biliary ducts. If the pancreas fail to secrete properly, oil can not be assimilated, in consequence of which it must pass off in diarrhœa.

As a faulty nutrition is in many instances the principal cause of wasting diseases, the dilute *Nitric* and *Phosphoric acids* and other valuable homœopathic remedies often assist far more in digesting and assimilating foods, than an indiscriminate use of the different preparations of *Cod liver oil.*

As previously stated, *Cod liver oil* is not well taken by persons suffering from wasting diseases, not only on account of incapacity to digest it, but also on account of it not being palatable. When, under certain conditions, it becomes necessary to administer fat or oil as fuel-food, in wasting diseases, cream is certainly pleasanter, and should be preferred, as many physicians of high standing hold that the oil is not superior to ordinary fatty food, as cream, butter and milk.

C. J. B. Williams, the eminent practitioner, and one of the first to employ and recommend *Cod liver oil* in phthisis, has established numerically in a clear and definite manner, that in an experience of twenty years in the treatment of phthisis, of seven thousand patients treated by *Cod liver oil,* the number of cures did not reach seventy; besides, it is generally

admitted that four per cent. of tubercular cases are cured without medication. It is to be feared that much *Cod liver oil* has been prescribed in the treatment of wasting diseases to make up for defects in proper food, pure air, rest and cleanliness.

Much has been written by men eminent in the profession upon the modus operandi of *Cod liver oil*, but positive deductions have not yet been fathomed.

Some authors take the ground that *Cod liver oil* owes its therapeutic influence to the bile it contains, others to the fatty constituents in it, and some hold that the good effects obtained were attributable to the *Iodine* contained in the oil. Let the modus operandi of it be what it may, the therapeutic value—if any it has—has certainly been overestimated, and not until the use of it be abandoned, and other substances more appropriate substituted, will the physician be enabled to treat successfully wasting diseases.

On the Study of Physiology. By J. D. Buck, M. D., Cincinnati. Read before the Ohio State Homœopathic Society.

It would hardly seem necessary, at this late day, for one to insist on the necessity of physiological study to the physician; and yet there are certain considerations which lead me to infer that the subject is often underestimated, and sometimes quite neglected, by physicians. That physiology is a rudimentary study, like anatomy, and for the student in college a necessary part of medical education, no one will venture to deny; but that physiology is at all times and in every case fundamental; that it enters largely into the consideration of every form of disease, and is second neither to materia medica

or anything else, is not always admitted. Not long ago a controversy arose among the faculty of a certain medical college, and five out of nine of the members pronounced physiology a matter of secondary importance. If, now, we consider that the large class of symptomatologists in the profession would not only echo but emphasize this sentiment, we shall begin to realize that this important department is under estimated. To underestimate the value of physiology is most unqaliiedly to confesss ignorance of its status and teachings. The application of the term "physiological school" to our allopathic brethren, or the use of the epithet "physiological livery," arises from this general cause, against which complaint is here made; and these terms are often made use of by symptom-mongers, who are ignorant of the simplest laws of organic life and many of the most important functions of the organism. This complaint applies principally to the older members of the profession. There are few, if any, of the medical colleges of to-day in which this important branch does not receive due recognition; and it is safe to say that, as a rule, the younger practitioners are better posted in physiology than the physician of one or two decades ago. True, there are notable exceptions to this rule. In order to get the full value of any subject, one needs to be an enthusiast. A fond parent will undoubtedly discover genius in a favorite child, where a casual and disinterested observer would see only mediocrity. Yet only the parent sees the child at his best, and under all circumstances.

A quarter of a century back there was occasionally a man, like Prof. Gatchell, who regarded physiology as a father regards a favorite child, and who never failed to render the subject both attractive and instructive; but so much labor has been required to perfect the materia medica, which is still so far from perfect, that other equally important departments have too often been overlooked. We sometimes find physicians who are able readily to select the similimum for a set of symptoms without being able to tell the nature or probable result of the disease, and who will prescribe as readily for a hopeless or dying patient as any other. The

selection of the appropriate remedy is no doubt generally a matter of the first importance to the patient, but the physician's interests and reputation are also often at stake, and he certainly will not imperil the interests of his patient by any amount of knowledge which may secure his own as well. There is no one department of medicine to which the discoveries and advancement of science within the past ten or twenty years has added so much as to physiology, and here not so much in matter as in methods.

Chemical analysis has seized hold of almost every organic material, whether simple or complex, primary or derivative in its character, and the microscope has revealed the form and arrangement of most histological as well as pathological formations. But after following in detail so many and such varied lines of investigation, physiology returns to the conjoined and simultaneous phenomena, but with a far broader conception of the wonderful processes of organic life. The transformations of substance and the correlations of force, under the stimulus of vital energy, and under germinal conditions which give type and character to these changes, present problems the most complicated and difficult known to the mind of man, for they constitute at once that wonderful manifestation we call life. The details of organic chemistry and microscopy are one thing. The vital and dynamic phenomena of life is quite another, and the physiology of to-day aims to cover the whole ground.

The amount of valuable literature on these subjects will hardly be believed by one who has not bestowed special attention on the subject, and I should weary you were I even to name such publications, enough certainly to keep a conscientious student busy for years, and even then he would tell you that he had little more than read the title page of the subject. It might seem, under this condition of things, a hopeless task to gain familiarity with so broad a subject, even when such knowledge were admitted to be necessary, and yet the whole subject is easily grouped around a few central facts, when the process may go on systematically, like the formation of a crystal around its nucleus. One needs

to comprehend the definition of the term evolution as applied to a process of nature, or a law which is as universal in its operation, as the law of gravitation. One needs also to remember that this law, which is excentric or centrifugal in its operation, is perfectly balanced by another about which we hear less because it is less known, viz: the law of involution, which is concentric or centripetal in its operation. These processes, though designated by various names, are everywhere present. Starting with an impregnated germ, evolution goes on under certain conditions, or being is involved, but unless something comes from nothing, no more being is evolved than has been involved. The type and character of the evolution is predetermined by impregnation, the fact of evolution, its conditions and extent, are determined by external circumstances, or by environment. Life is a focal point around which these forces play, the focus is ever changing, and the marshaling of atoms, particles, molecules, cells, and the grouping of tissues, is orderly and rythmical, a steady flow from without inward and from within outward. The life of the germ is the life of man, and the life of man is the life of the race. Microcosm or macrocosm, unity in diversity, and diversity in unity, and all adjusted to harmony.

Back of this germ from which being is evolved science has not taken one single step. Nor is it at all likely that the veil will ever be lifted. Monad, germ, Homunculus, the origin of life—imagine, if you choose, like the old Scotchman, that it first dropped down from the moon, and like him, be dubbed "the missing link" for your pains. If the origin of life is a profound mystery, its conditions and manifestations may, nevertheless, be understood, and is it not strange that this most wonderful and fascinating of all studies should be belittled or ignored? Or what shall we say of him who has no ambition to comprehend other than its diseased and perverted manifestations? Shall we not say that he who aims so low, understands not even that. As well might one claim to be a musician who had knowledge of, and interest only in, instruments out of tune, and capable of producing only discord. There are conditions of disease beyond all symptoms, and de-

grees of health, as there are degrees or combinations of harmony. No two lives are of the same pitch or key. Homœopathy takes cognizance of this fact in disease, as no other system of medicine has ever done, individualising its cases, and yet with insufficient physiological knowledge, it can not do even this. A certain similar group of symptoms in two individuals will each bear a different relation to the sum of vital forces, and the pathological group, like the physiological *ensemble*, will be pitched on a different key. The totality of the symptoms, therefore, means more than is generally supposed. A certain symptom or group of symptoms may be found under a score of drugs; the perfect similimum will be found in but one. The resources of the materia medica when pruned and comprehended, will doubtless be found to be commensurate with all conditions, and with every case of disease. Most of us have seen enough to believe that, if only our ignorance of both physiology and pathology, as well as of materia medica, did not stand in the way. If there is any design manifest in the creation, and apparent possibilities of man, it is that he should die of old age, and not of disease, that he should fall like a shock of corn, fully ripe, and in due season. Man's resources are equal to the accomplishment of his evident destiny, and yet he does not live out more than a third of his days, and lives in pain and misery at that. And this is our boasted civilization! And our boasted Homœopathy has for its proudest boast that it kills a few less than its heroic rivals. Whatever it can justly claim more than this, is a pittance of its proud and beneficent inheritance. Our law of cure, when rightly understood and correctly applied, will cover every diseased condition, and the apprehension of every diseased condition, whether manifested objectively or subjectively, depends on a thorough knowledge of physiology.

He that lendeth to the tramp giveth to the saloonist. He that feedeth the tramp perverteth the staff of life.

Obstetrics.

Puerperal Eclampsia. By S. S. Salisbury, M. D., Washington C. H. Read before the Ohio State Homœopathic Society.

Of all the diseases of parturition there are none so serious as puerperal convulsions, and none that should receive more careful study as to its pathology, treatment, and, especially, prevention; but from its comparative infrequency we are apt to overlook its premonitory symptoms until too late, and we have on our hands one of the most frightful and dangerous diseases the obstetrician is ever called upon to treat.

According to the reports gathered by the best obstetrical authorities, as Cazeaux, Ramsbotham, Velpeau, Clark, and Collins, there is but one case of convulsion to every 500 to 800 deliveries. The alarming nature of this disease, although infrequent, should put us on our guard to observe every indication of its onset.

Obstetrical authorities are divided as to its nature and pathology, as well as to its treatment. Some divide it according to the time of occurrence during gestation, at or following confinement; or from its nature, as epileptic, apoplectic, or hysterical. Yet others of equal reputation, as Dr. Tyler Smith, Dr. Churchill, and Dr. Fordyce Barker, consider the true puerperal eclampsia as an entirely different disease from either hysteria, apoplexy, or epilepsy, although frequently complicated with them.

It is not necessary, nor is it the object of this brief paper, to go into the details as to its pathology, but I shall speak mainly of the symptoms that usually precede an attack of this terrible disease and the best mode of preventing its onset. I hold that a physician's duty to a pregnant woman whom he has been called upon to treat does not begin with the onset of labor, nor does it end with the termination of the third stage thereof. We acknowledge that the evolutions of pregnancy and parturition are physiological processes, and in a great

majority of cases uncomplicated with any pathological conditions; so that it is only the exceptions to this rule that require the interference of the obstetrician; but the more rare the diseases of parturition, the more liable we are to be surprised by their appearance.

The comparative infrequency of this disease, especially when we take into consideration its alarming mortality, affords a powerful argument for the careful study of the symptoms that usually precede an attack. It can not be doubted that, with a thorough knowledge of the symptoms, we can often, if not always, prevent the appearance of convulsions by a proper and timely prophylactic treatment.

A very frequent premonitory symptom is headache, and should always receive careful attention, especially if of congestive form, with photophobia, dilated pupils, intolerance of noise. Sometimes the headache is intermittent for days or weeks until a short time previous to an attack, when it becomes continuous. It is generally accompanied with vertigo, especially when stooping. With these symptoms we generally have inability to sleep and a general nervous irritability.

The next symptom in frequency, and still more significant of danger, is albuminuria. The obstetrician should always be on his guard for the appearance of this symptom. In a great majority of cases this is the most constant and reliable indication of the approach of danger; not that the excess of albumen thrown off by the urine is the direct cause of convulsions; but if it is not the cause of uremia, it does at least usually accompany it; and it is a generally accepted fact that the poisoning of the blood with urea, either directly or by its decomposition, producing carbonate of *Ammonia*, is the cause of most, if not all, cases of puerperal eclampsia.

It is a well-known fact that the excess of urea in the blood is a poison, which exerts its toxæmic effects upon the brain and whole nervous system, causing convulsions, whether connected with pregnancy or child-birth or not. Prof. J. Edwards Smith has truly said, in the Hahnemannian Monthly of July, 1879, "that the quantity of albumen and urea in the urine is in inverse proportion to each other; that is to say, when there

is much albumen there is little urea, and when there is much urea there is little albumen."

Albuminuria may exist in different degrees of intensity, from a slight trace to those cases where the urine is almost totally suppressed, and is so loaded with albumen that on applying heat and acid it becomes entirely solid. It is said it may reach seventy-five per cent in the eclampsic. The healthy urine does not contain albumen, and the urine of healthy women in the pregnant state is also destitute of this element. The most frequent indication of albuminuria is dropsical effusion, especially of the face and upper extremities. Edema of the lower extremities is a very common attendant of pregnancy. It arises, in most instances, from mechanical pressure alone, and may be entirely independent of constitutional disease; but where the face and eyelids are bloated, we should investigate still further for some derangement of the kidneys, either structural or functional.

Whether or not we accept the theory that the association of albuminuria and uremia with puerperal convulsions necessarily proves the relation of cause and effect, we are forced to admit that in the great majority of cases of this disease it is at least associated with these symptoms so closely that they may be considered almost pathognomonic.

We may meet with some cases of convulsions without being able to detect albumen in the urine. Dr. Fordyce Barker, in his valuable work on puerperal diseases, mentions some cases of eclampsia where he made repeated examinations of the urine previous to confinement, but was unable to find any albumen; but after the first convulsion the urine was loaded with it; but these cases are exceptions and not the rule.

While we claim that blood poisoning is the cause of eclampsia in almost all cases, yet we have evidence from good authority that some cases have been observed where there was no perceptible trouble of this kind, but where convulsability was caused by a congestion and effusion of the brain, as shown by post mortem examinations, where no renal disease existed. This can be very readily accounted for when we consider the great nervous excitability of parturient

women, and the tendency therefrom to nervous diseases, especially in primiparæ, taking into account also, the condition of the blood during pregnancy and its tendency to transudation. Accompanying this disturbance in the circulation during parturition, we have the bearing down efforts; these include the holding of the breath, the temporary suspension of respiration, and the consequent passive congestion of the lungs, right side of the heart and blood vesssels of the brain. The original nervous irritation is aggravated by the congestion, so that effusion of serum or blood may ensue, and the patient become comatose and die. Hence the danger and fatality of convulsions during labor.

A very frequent symptom, and very significant of danger, is derangement or loss of sight. It is usually temporary at first, passing off in a few minutes, but frequently as the case advances toward term it becomes more permanent.

In the summer of 1876 I was called to the country to attend a woman in her fifth confinement. I found the pains very slight and about twenty minutes apart; the os was but slightly dilated and firm. She was able to be up and around the room. She said her previous confinements had been easy and natural. I noticed that the face and hands were considerably bloated, and upon inquiry I found that the urinary secretion had been scanty for some time; the patient was complaining of headache, mostly in the back of the head; the pupils were dilated; presently she complained of a blindness, and said she could not see me across the room, and that she had been troubled occasionally with this symptom for several weeks, but thought nothing of it as it would soon pass away. I did not examine the urine or albumen, but from the symptoms I feared uremic convulsions. I prescribed *Apocynum o* in water, to be taken every fifteen minutes, but after taking the second dose she was seized with a terrible convulsion. Procuring assistance as soon as possible, we soon delivered her of a living child, but the spasms continued in spite of all we could do until death relieved her of her suffering.

I speak of this case to impress upon your minds the significance of the symptom of impaired vision previous to confinement. I believe as the profession become more and more familiar with the use of the ophthalmoscope, that this will become a most valuable aid in observing the approach of this disease, especially when associated with deranged function of the kidneys. In fact this is one of the most reliable means of diagnosing albuminuria and Bright's disease, which are generally the forerunners of eclampsia. In these cases the ophthalmoscope shows minute white exudations on the retina, situated around the macula lutea or around the entrance of the optic nerve. Each spot being clearly defined, circular, and often of white glistening pearl color.

It is not necessary to speak of the symptoms of this disease after it has once set in, because they are so clear and unmistakable that they need no description. So far as the pathology is concerned, when we have seen one case we have seen the phenomena that occur in all cases, but the homœopathic physician sees many characteristic symptoms that indicate the remedy that is needed in each individual case. We can not rely on any one or more particular remedy for the cure of all cases of eclampsia; neither can we safely adopt any one course of treatment as a preventive of this disease. Among the remedies that are most frequently indicated for the premonitory symptoms are *Apis*, *Apocynum*, *Ars.*, *Bell.*, *Helonias*, *Kalmia*, *Stram.* and *Zincum.* I desire to call your attention especially to *Helonias* as being one of the most frequently indicated and serviceable remedies we have for this disease (given previous to convulsion). It is especially indicated by great languor and feeling of weakness; albuminuria; profound melancholy; aching pain in sacrum, down the buttocks; general debility, and dropsy; frequent desire to urinate. *Kalmia* is also a valuable new remedy for albuminuria; but for the premonitory symptoms of eclampsia we usually have plenty of time to study our cases if we see them sufficiently early, and by strict attention to our cases avert the danger. The prodromic symptoms should be met by the appropriate remedy. We should culti-

vate a tact in recognition and removal of obscure and shadowy symptoms. These are the danger signals and should be recognized, and receive prompt treatment. Yet we may meet with cases where we may be unable to remove the convulsive tendency by medical treatment, and have to decide whether or not we are justified in resorting to the extreme measure of producing premature labor. We contend that with close attention to our cases and with proper homœopathic treatment we will scarcely ever be compelled to resort to this measure. Yet we may meet with cases where the pressure of the gravid uterus is so great as to produce such serious disturbance of the circulatory and nervous system that the life of both mother and child is imperiled. In such cases we are certainly justified in resorting to this or any other measure that affords a reasonable chance of saving the life of one or both.

Obstetric practice differs from other departments of medicine in this, that not merely one, but two, lives are involved. It can be very readily conceived that the vitality of the unborn child is more or less impaired so long as it is nourished by blood impoverished by albuminuria or poisoned by urea. It will scarcely ever be found necessary to induce premature labor to save the life of the mother before the age of viability of the child, so that if obliged to resort to this measure, after this stage of gestation, we have much better hope of saving both than by allowing nature to take its course. Such a measure as this will be justifiable only after using every other means in our power, and then only by the advice of competent and experienced counsel.

NEW REMEDY FOR BALDNESS.—In cases of confirmed baldness the new remedy proposed is to remove the scalp, bit by bit, and substitute, by skin grafting, pieces of healthy scalp, taken from the heads of young persons. The success which has heretofore attended operations of this nature in cases of scalp wounds gives a promising outlook for this new mode of curing baldness; and perhaps the day is not far distant when the shining pates of our venerable fathers will bloom with the flowing locks of youth

Manual and Instrumental Management of Abortion. By Albert Claypool, M. D. Read before the Ohio State Homœopathic Society.

In taking up the subject of manual and instrumental management of abortion, I mean that stage of abortion after the fœtus and secundines become, as it were, a foreign body in the uterus, and must be removed to avoid serious results—in other words, inevitable abortion.

Of course a physician will use every means in his power to arrest a threatened abortion, but I am not considering that stage of the subject, and unfortunately too often the physician is not consulted at all during that stage. I shall say nothing as to drugs, because I think our works on materia medica and therapeutics give us plenty of drugs, and plain symptoms for their application in such cases. On the other hand I believe our works on obstetrics, and our teachers in that department say too little on this branch of their subject. That it is a very important feature in the obstetric art, none will doubt who have been in active practice a few years. I believe that there are more abortions in this country than births at term. If such is the case how important it is that every physician should know just what is needed to be done and how to do it. That the great majority of abortions are intentionally produced does not lessen the responsibility of the physician who is afterward called in to manage the case. Generally when the physician is called, it is because there are alarming symptoms, and the patient is frightened into sending for the doctor; a severe hemorrhage or a fainting fit hurries the call

Being called to a case of abortion what are we to do? Every physician who takes cases of miscarriages—as every general practitioner does—subject to danger to the patient, as those cases are, should be prepared to act promptly and understandingly in every emergency and detail of the case. It is easy to wait for nature to come to the rescue, but decidedly uncertain whether nature will respond without exacting

a terrible penalty from the patient. How many times a physician will postpone interference, because he is uncertain in his own mind what is best to do, or that the patient pleads for him to wait, because she dreads the ordeal, until an active hemorrhage or exhaustion of his patient compels him to act, and then he is placed at a great disadvantage. If death should occur after such dallying, an all-wise Providence is charged with calling another soul home. Abortion is not a natural act like delivery at term, consequently the parts are not prepared for the work at hand, and we not only have the immediate dangers during the delivery, but also the more remote but lasting ones of metritis, parametritis, endometritis, sub-involution, ulceration, uterine catarrh, prolapsus or some other of the numerous ills that the female reproductive organs are subject to. Too many women can date their broken health back to a badly managed abortion. It is of vital importance that a pathological condition which occurs as often as this, and which is liable to entail so much suffering and ill-health on the patient, should receive more than a modicum of our time and skill in its mastery. The specialists of obstetrics or gynæcology will get but little from this paper, and I can only sit at their feet and ask for more light, but to the great brotherhood of general practitioners—I go as one member of that great class with a feeling that to some I can lend a helping hand, and at least have the satisfaction of calling their attention afresh to a subject that is too much neglected. I would have the same amount of skill and thorough knowledge used in the management of an inevitable abortion, as is required of an accoucheur in delivery at term. Let that old fogy doctor who says he "he never lost a case," and he "always lets nature have its course in abortions," look about him and he will see more than one woman who suffers untold agony from some form of uterine disease that he might have prevented, if he had possessed and used the skill he should have had at the time he managed an accidental abortion for this lady years before. The lady has suffered for years and will continue to suffer while she lives, all because of the ignorance of her medical attendant.

Still, as she did not die, Doctor Pomposity walks the streets and boasts of his skill. Now, doctors, let us look about and see if we are responsible for the suffering of some women because we were derelict in our duty at such a time, and let us resolve that it is as much of a duty to manage an abortion well, as to manage well any other condition that requires our skill.

When called to a case of threatened abortion we must use every means in our power to arrest it, but the moment that it becomes known that the abortion becomes inevitable, we should turn our attention to the removal of the contents of the uterus. In the first three or four months of pregnancy we will do well to wait, unless severe hemorrhage intervene, with the hope that the ovum will be discharged entire. If hemorrhage becomes alarming, we can control it by the use of a tampon in vagina, which I will describe further on. From the fourth to the sixth month, we can not depend on the tampon to control hemorrhage, therefore our attention must be devoted to securing delivery as speedily as possible. When the ovum is discharged entire, or when the uterine contractions rupture the membranes and expel the fœtus, which is soon followed by the placenta, the action is analogous to labor at full time, and I do not deem it necessary to discuss it, but when that analogy ceases, or when profuse hemorrhage comes on my work begins. There are just two general topics on this subject that I wish to discuss, namely, the tamponade of the vagina, and the best means to remove contents of uterus.

As to the first, there are several means used to accomplish the result. Country physicians generally use pledgets of cottor or soft cotton cloth, pushed into the vagina through a cylindrical speculum or over the finger, one after another, till the vagina is full. This entangles the blood in its meshes and forms a clot, which arrests the hemorrhage for a short time; but as those loose pledgets, in a dilatable canal like the vagina, can make but little pressure on the cervix, the blood will soon begin to flow again. A sponge-tent introduced into os uteri and supported by a ball of absorbent cotton,

makes an excellent tampon where it can be used, but many times the os uteri will be in such a condition that it is impractical. Dr. Dewees recommends a piece of soft sponge, large enough to fill vagina without producing uneasiness, to be wrung out of pretty sharp vinegar, and introduced into the canal up to the os uteri. A rubber bag passed up to the os and filled with water to the extent of the capacity of the vagina, makes a good tampon.

Paul F. Mundei, in his Minor Surgical Gynæcology, in writing on "tamponade of vagina," says: "The loosely-packed tampons are still generally employed as hemostatics, and a large majority of the profession are yet ignorant of the only sure and efficient method of tamponing the vagina for uterine hemorrhage, namely, in Sims' position, through his speculum. Only when that instrument is not at hand, and the fingers can not be used as a substitute through rigidity of the perineum or vagina, is the practitioner—the general practioner even—justified in trifling with his patient's health and life by resorting to the almost useless tamponing of the vagina through a cylindrical or plurivalve speculum in a case where the hemorrhage is so severe as to call for a tampon at all. Every practitioner who takes and is liable to meet with cases of uterine hemorrhage (and what general practitioner is not?) from miscarriage, fibroids, polypi, polypoid endometritis, cancer, should not only possess a Sims' speculum, but know how to use it, and how to tampon the vagina so securely that not a drop can escape so long as the tampon is retained. It is time that the old 'let well enough alone' excuse be denounced, and that the eminent, old-fashioned practitioner, who 'never lost a case' and 'never had occasion to sew up a lacerated perineum in a practice of twenty-five years,' be convinced that not everything is good because it is old and he has 'always done it and succeeded well with it,' and that the only proper way to apply a hemostatic vaginal tampon is in the manner about to be described. To Sims and his pupil, T. Addis Emmet, belongs the priority of this method. The patient (with empty rectum and bladder) occupies the left lateral prone position; Sims' speculum is introduced and the

cervix exposed. All coagula and fluid blood having been carefully removed by the dressing-forceps and damp cotton, a disk-shaped tampon, about two inches in diameter and one-half inch thick, is placed over cervix; another such tampon is rolled up and placed behind, another in front, and one on each side of cervix, and a large, flat one over all these. These tampons are recommended by Emmet to be soaked in a saturated solution of *Alum* and squeezed nearly dry. I always carbolize the tampons in a one per cent solution, but think the *Alum* solution a very good plan, as it contracts the vaginal couch and thereby compresses the cervix. Occasionally it may be necessary to push a pledget of alum cotton into the cervical canal, and thus arrest the hemorrhage until the whole tampon has been firmly placed. * * * The first circle and layer of tampons having been arranged, as described, and the vaginal vault thus filled and the cervix compressed in all directions, disk after disk of dampened, carbolized cotton is laid around the circle of the vagina, filling up the center at the last, and each disk and each layer is gently but firmly pressed down and packed tight with the dressing-forceps or a whalebone stick. This pressure should always be made from the periphery toward the center, or rather from the anterior vaginal wall toward the sacrum. As the cotton is thus welded and pushed up, the room thus made is filled by new pledgets, until the vagina is distended to its utmost and the tampon has reached not only the floor of the pelvis, but is parallel with the pubic arch. After a final thorough survey of the tampon and packing down any loose parts, the dressing-forceps hold back the cotton firmly with wide-spread blades, and the speculum is carefully dislodged and removed, with point backward. Considerable care is required not to dislodge the tampon in this maneuver; and it is necessary, after removal of the speculum, to fill the space thus made by a fresh packing-tight of the whole tampon, and perhaps by several additional disks."

A tampon adjusted in that way is perfect, and will control the severest hemorrhage; but unfortunately the physician is not always prepared to properly adjust it, especially in a

country practice, where he is likely to be called in to such an emergency while miles from his office, and no instruments with him. A physician must be ready to act with such means as are likely to be found in every house. I have frequently been placed in such a dilemma, and know whereof I speak. I will give the manner in which I make a silk handkerchief tampon. As I can not always get a sufficient number of silk handkerchiefs to complete the tampon, I use whatever I can get—such as sponges, cotton, or linen handkerchiefs—to complete the last layers. In fact, I have used linen entirely, but with poor success. Having got the handkerchiefs, I ask for some moderately strong vinegar, aud wet them in that, squeezing them nearly dry. Have patient lay on back, with limbs drawn well up—I have also used the left lateral prone position. I place my left arm under patient's left thigh and carry two fingers into vagina. I have an ordinary lead pencil conveniently by to aid in pushing the tampon into vagina. I now take the handkerchief—as dampened in the vinegar and folded on itself four times—in the right hand, and carry it over patient's left thigh to vagina, and push it up that canal with the fingers of the right hand, aided by the pencil, and fingers of left hand in vagina. Having carried it up to cervix, I carefully fold and adjust it over cervix—and crowd a portion in its canal if possible—forming a complete shield or cap; the next one is introduced the same way, and adjusted over posterior vaginal wall and posterior part of first tampon; the next is forced well up, and anteriorly so, that thus far they all make pressure around cervix, and allow me to fill in the center with whatever I have at hand, till the vagina is thoroughly distended. In this way we get pressure around cervix; and it must be a persistent hemorrhage indeed that can not be checked in this way. Silk seems particularly well adapted to make a vaginal tamponade. No tampon should be left in vagina longer than twenty-four hours.

In profuse hemorrhage at fifth or sixth month, I know of no way that succeeds so well as to rapidly dilate the uterus and removing its contents; but as the means for doing this will be the same as for dilating and removing the secundines, I will hasten to that.

Many times the uterine contractions will rupture the membranes and expel the fœtus, but close down and retain the placenta. This is where the great danger from abortion is most imminent. The placenta may be retained for an indefinite time, with the constant danger of hemorrhage, decomposition with absorption, and the resultant septicemia, inflammations, etc. Many authors advise waiting till the uterus expels its contents, or till alarming symptoms put in an appearance. I say, don't you do it; don't wait a day or an hour if you are ready to go to work. Waiting, now, in many cases, will prove to be criminal carelessness, or at least it ought to be so considered. Every day lost now adds ten-fold to the dangerous sequela that may follow abortion, and our patient's health may be irretrievably ruined

Some time ago I was called to see a lady who was taken with flooding while walking on the street. She said she had miscarried six weeks previously, and supposed everything had passed away, but had a poor getting up. There had been occasionally an offensive discharge from uterus, but not enough to cause alarm. She had managed to be up and on the street several times before taken with flooding, as described above. I removed a retained placenta, of a three or four months' pregnancy, in a bad state of decomposition. That woman has never fully recovered her health, yet she was very much improved by after treatment.

If the physician is present at the time of, or soon after the expulsion of the fœtus, he should pass one hand into the vagina and two fingers into uterus; with the other hand on abdomen, grasp the fundus of uterus and push—not the fingers up into the uterus, but the uterus down over the fingers; then, with the fingers, loosen the placenta and bring it away. If the patient is very fleshy it will be quite difficult to accomplish, but if the contrary it is not a very hard task. It may be necessary to give an anæsthetic before you can succeed. It is my rule to give *Chloroform* whenever it is necessary to accomplish the delivery; but I never find it necessary to carry it to complete anæsthesia.

Whenever the fœtus has been delivered and the uterus has closed down on placenta, or in profuse hemorrhage in fifth or sixth month, I deem it by far the best practice to dilate the uterus and remove the contents at once. To accomplish this successfully and quickly is no easy task. The dilatation may be commenced by the use of tents (the tupelo tent being much the best kind because of its large and rapid dilatability, and because it does not produce abrasions of the cervical mucous membrane, as sponge tents will), or the branched steel dilators, and completed with the fingers. This is a slow and arduous way to secure dilatation, but a good one when you do not have the instruments to do better. It is wonderful what the trained fingers can accomplish, and I think every practitioner should educate his fingers to just such work. The best means to produce rapid and thorough dilatation is Molesworth's climax dilator. This instrument makes the operation under consideration a comparatively easy one. It is not worth while for me to occupy your valuable time in describing the instrument and its workings, because it explains itself. There are other means for rapid dilatation, such as Barnes' and Emmet's rubber bags, and Hawks' large, olive-shaped dilators of hard rubber, but the ones I have mentioned above suit my purpose best.

Having secured the requisite degree of dilatation, how are we to secure the placenta? By the fingers alone, as I have described above, if nothing better is at hand, and it is very difficult to find anything better. If the placenta is completely detached and loose the placental forceps may be passed into uterus, over the finger as a guide, and catch up the placenta and remove it, but where the placenta is yet attached I deem it a dangerous instrument, because it tears the placenta into small pieces and leaves little particles attached here and there, to the uterine walls, which will generally be followed by hemorrhage, or other unpleasant symptoms. A large, dull curette is a very useful instrument in many cases. My way of using it is to have an assistant grasp the fundus of uterus through the abdominal wall, pushing it down and fixing it immovably; one or two fingers of left hand in uterus as a

guide and to trace the placental attachments, the curette in right hand, is passed into uterine cavity over the finger, and the blade is made to scrape off any particles or parts of placenta that the finger locates, using the finger and curette in unison, and persisting till secundines are all away. If the placenta can not be removed entire I generally use injections of hot water into uterine cavity. With a well dilated cervix, and the sealing of orifices of fallopian tubes by pregnancy, there can be no danger, and many times it will be of great service. I use water heated from 110 to 120 Fahr., and, medicated or not, according as I want to use an antiseptic or not. It will at least wash away any loose pieces of placenta or membranes, that may be present, and thus far prevent decomposition; it aids in producing uterine contractions and many times arrests hemorrhage.

In closing, I wish to call your attention, and especially the attention of those physicians who have not got the various instruments used in such cases, to wit: first, the silk handkerchief as a material for a vaginal tampon; second, to the capability of the fingers in dilating the cervix uteri, and in removing the contents of uterus after dilatation; and third, to the use of hot water injections into uterus where parts of placenta are retained.

A Case From Practice. By W. L. McCreary. Read before the Ohio State Homœopathic Society.

In October, 1879, I was called to see Mrs. B., aet. twenty-two; primiparæ; nervo-bilious temperament; supposed to be about six weeks pregnant. Found her suffering from intense nausea and vomiting; very much emaciated, sallow complexion, with a very bilious tendency. Applied the indicated

remedies, and she began to improve. When she was confined, July 17, 1880, she was fleshier than ever before in her life. Labor came on naturally and terminated favorably in about twelve hours; the only peculiarity was the character of the waters, when I ruptured the sac, which seemed unnaturally thick and tough; they stained my hand a deep, dark yellow, and also every thing else they touched. When the child was born it looked more like an Indian than a white child, but by dint of perseverance and a liberal supply of soap and water it was made to present a fair appearance. Chemical analysis proved the amniotic fluid to be heavily charged with bile.

July 18. Called and found Mrs. B. in fine condition; everything normal.

July 19, was called in to find her feverish; tongue heavily loaded with a thick, yellow, furred coat; taste nauseous; headache severe; restless; no sleep; no appetite; thirsty, but water was nauseating; pulse 110; temperature 101; no tenderness or soreness over the abdomen; urine normal. Gave *Bry.* 3 every hour. July 20th, called and found her worse; pulse 115; temperature 102; still no soreness in abdomen. Gave *Bry.* 3 every hour. July 21st, called at 9 a. m., and found she had passed a restless night; intense headache, some cough, which was very distressing; pulse 120; temperature 102½; tongue, appetite, etc., unchanged; lochia, less, and slightly acrid; no soreness, swelling or tympanitis in abdomen; some milk this morning for the first time; moved her bowels by injection. The stool was a few little lumps of dark, waxy stuff like sheep dung, but very sticky. The babe urinated during the night for the first time—much to the relief of the friends—being three days and six hours old. And for the first time I found my Irish nurse was toddying the babe, toddying the woman, and as bad as either, toddying herself; whereupon we had a little disagreement. I will have control of things or quit. July 22d, called and found my patient worse; pulse quicker and sharp; temperature 103½; taste, appetite and cough unchanged; lochia about normal; considerable milk.

At this time the case went into allopathic hands, and in a few days they weaned the child and dried up the milk by local applications. There was at no time any soreness, swelling or tympanitis over the abdomen. At the end of fourteen days the fever abated somewhat, and the temperature settled down to 101, varying slightly night and morning.

About three weeks after confinement and one week after the suppression of the milk, the flexor muscles of the body and limbs began to inflame and swell, and continued until serous pus was formed in all and had to be evacuated. It was called inflammatory rheumatism, septicemia, and finally pyemia. Five weeks after confinement the menses came on, and have continued to be regular ever since.

This hectic fever continued, to a greater or less extent, for four months. The woman still lay in bed, a helpless victim to mistaken friends and rational medicine, subject to the whims of her medical attendant, who dosed her with nauseous mixtures suited to the various diseases which, in his fickle fancy, he diagnosed for her.

Under this scientific course the woman grew weaker and weaker; and when I was again called, in December, I found her a wreck of her former self. Her back and hips were covered with bedsores, with no vestige of disease, but despairing of ever getting well again. By constitutional and careful local treatment I cured the bedsores, and restored the woman's hope that she might yet live a little while. I used the rubber adhesive plaster on the sores, drawing as tight as she could bear it, thus contracting the sore surfaces as much as possible. I used the carbolized oil for cleansing purposes, and the sores soon assumed a healthy appearance and healed rapidly. Was there any connection between the suppression of the milk and the suppuration of the flexor muscles?

THE Chicago Sugar Refining Company are building a factory to convert 25,000 bushels of corn into sugar a day, or something like 8,000,000 bushels a year.

Miscellaneous.

Rhus Toxicodendron.

Malarial, typho-malarial, intermittent malarial, that is now the hue and cry of physicians and patients, and it can not be denied that our usual remedies fail to cure our usual diseases. There is an obstinacy in everything, disgusting to the doctor, and more yet to the patient. We had in April, moisture in the air in abundance, and cold weather ditto. May was not better, till a few very hot days came, followed by heavy rains. People threw away carelessly their flannels and colds followed. *Quinine* often failed, had to fail, because it did not fit the genus epidemicus; *Rhus tox.* is the great remedy just now, and it suits many diseases where its use is not put down in our usual text books. Most patients complained of a lameness all over the body, of bone pains all over, which *Eupatorium perfol.* failed to relieve. The fever was often attended by delirium, sometimes by profuse perspiration, even sudamina, and headache excruciating, throbbing, stupefying, was the rule with the irritable and restless patients, though often too weak to get up. Let me give your readers a few short cases.

Case I.—Mr. B. had a smart attack of pleuro-pneumonia, running its usual course. He had for the first twenty-four hours *Aconite* and then *Antimonium tart.* I agree here fully with Kafka, who considers this drug preferable to *Bryonia* and *Phosphorus*, and just as this great physician teaches, so it was; in about five or six days there was not a trace of the disease left. His wife nursed him faithfully during his sickness, and just when he was able to return to his duties (conductor on the elevated railroad) she took to her bed. For several weeks she had been annoyed by a dry, teasing cough, without any expectoration. She would not have minded the cough, but every paroxysm of coughing made her head feel as if it would split, and the fatigue of nursing did not mend matters. After suffering for a few

days from a kind of remittent fever, a tertian type developed itself, so that she was worse every other day, though never quite free from fever and headache. The first clear tertian paroxysm she had towards evening, and each of the consequent ones was about three hours earlier. Before and during the chill she yawned and stretched, and the cough during that time was worse than ever, so that she got nearly purple in the face. Great restlessness during chill and heat, very little sweat; very thirsty during all stages, but afraid to drink, as cold water or hot tea made her vomit and thus increased her malaise. *Eupat.* and *Ars.* failed, when accidentally I struck the keynote, given us by Dunham, "a dry, teasing cough before the chill and continuing during the chill," and a few doses of *Rhus tox.* 30, given at the end of the paroxysm, stopped the whole train of symptoms, and she complains now of nothing, except some weakness.

CASE II.—A manufacturer was obliged to expose himself to atmospheric changes; got wet several times, but kept on till weakness compelled him to go to bed. One of his first complaints was, "every bone of my body aches, I feel bruised all over." High fever, delirium, dull, stupefying headache; a dry, teasing cough, with rather rapid respiration, followed; the patient was literally bathed in perspiration, and physical examination revealed a pneumonia of the lower left lobe. It was curious that the temperature never rose much above the normal, and his pulse never went over 100. There was during his whole sickness a peculiar anxious look about him. From first to last *Rhus tox.* was the chief remedy relied upon, and it carried him safely through. What potency? The thirtieth, and repeated every two hours. How often do we fail by changing too quickly our remedy, and just in the cases my experience taught me not to change, even where no improvement is seen immediately. S. L.

PROF. VIRCHOW. of Berlin, has an American lady student as assistant. She is the first lady admitted to full privileges of the University of Berlin.

Chit Chat of an Old Physician. Von Rueckert.* From "Die Allg. Hom. Zeitung. Translated by A. McNeil, M. D., New Albany.

If you, my beloved reader, expect anything great or new from one whose name coming from bygone days, may perhaps be remembered, you are mistaken; for it is only the talk of an old man that you will hear.

And that I am numbered among the old, you can perceive when I say to you that I celebrated when in my twenty-ninth year, the jubilee at Cothen, on the 10th of August, 1829. And as I believe, that of all those who with lighted pipes in those evening hours sat around our honored guest amid the garden foliage, I am the only one living. I sent you the greeting of a colleague on the anniversary at Hanover, on the 10th of August of last year, which, however, was, as it appears, not very well celebrated.

There were many things said in that garden which, unfortunately, were not preserved, and which, of course, after fifty years I can not recall. Only two remarks still remain in my memory. In Vol. IV of the Materia Medica Pura, of the edition of 1825, Hahnemann had recommended *Sulph.* 2d trituration. Where he had recommended the tincture of *Sulph.*, I can not now remember. We used it, however, at that time. On speaking of *Sulphur* on that evening, he said, potentize the tincture to the 30th, and you will rejoice at the result. I followed his advice and found it confirmed, and have for many years employed that preparation, with blessed effects. Not till 1830, in the "Chronic Diseases," Vol. IV, page 338, did he describe that mode of preparation. As he spoke of the bad effects of severe mental labor, he said if I needed help I should smell at a vial of pellets medicated with *Staphysagria;* it helped me.

A long time ago an old gentleman, in the fifties, otherwise healthy, came to me, complaining of a pain in the tendo

* The last living pupil of Hahnemann, and editor of Rueckert's Therapeutics.

Lately I have read much about our triturations, particularly of the metals. Like many colleagues I have, during my practice of fifty years, had opportunity to convince myself (notwithstanding microscopical examinations.—Trans.) Permit me to mention a very striking example.

The above-mentioned gentleman, aet. 82, whose respiratory organs had never shown any morbid predisposition, was attacked suddenly the last of July by a loose cough, attended with much expectoration. *Puls.* did not help him. The cough, which was excited by the mucous collecting, became worse; so that it did not give him more than ten or fifteen minutes rest at a time, day or night, and that this destroyed all sleep, and his strength visibly lessened. The expectoration assumed a suspicious yellow color, and a disagreeable smell, so that the nurse must remove the spittoon from the room. I gave *Silicea* without result, and hoping to give him some rest, *Hyoscyamus*. On the fourth day *Phosphorus* was also given, but it was also fruitless. The violent attack on the respiratory organs, the abatement of all his remaining pains and complaints, left nothing else to be expected than a breaking down of the organism. I now gave him *Stannum* 7th trit., some grains dissolved in water. He took a swallow in the afternoon and another in the evening. My astonishment was great next morning when the nurse met me with the joyful news that the patient had slept the entire night; cough and expectoration were inconsiderable, and within twenty-four hours were entirety gone, and did not leave the least trace. The attack on the respiratory organs was re pulsed. By degrees the rheumatic pains returned, and I had yet another pleasure in store for me. The chief seat of these pains was the left thigh; but about the end of August they left this side and concentrated in the left hip, and spread from there to the knee, leg, and calf. He could not accurately describe the pains; they were in the bones, and attained such violence that he whined day and night and did not sleep a minute, and pleaded for aid. The leg and foot were ice cold. I thought how our colleagues of the other camp would triumph with the subcutaneous *Morphine* injection over the glorious result. Several remedies had left me in the lurch,

and I heartily pitied my patient. I administered toward evening *Colocynth* 3. On the following morning I went, full of fear, to see him, but my sorrow was turned into great joy; for an hour after taking the medicine the pain abated, and he slept the entire night. The pain had gone, and never returned.

I now close, well knowing that I have not spoken of brilliant cures, nor of anything that is new to my colleagues; they are only things that have made the old man happy.

Western Academy of Homœopathy.

The seventh annual convention assembled in Chicago, June 9th, Dr. C. H. Vilas, President, and Dr. C. H. Goodman, Secretary. Dr. G. W. Foote, Chairman of the Bureau of Sanitary Science, read a paper entitled "Ground and Water Pollution." The paper was supplemented by the remarks of Dr. John Harris, of St. Louis. Dr. Julia H. Smith, of Chicago, presented several papers under the Bureau of Obstetrics. Dr. A. E. Small delivered the address of welcome at the evening session, followed by hearty applause. Dr. McAffee, of Clinton, Ia., was called upon to make a response, but declined. Dr. Richard Hughes' (of England) paper, "Organon of Hahnemann," was read by the Secretary. J. H. Miller, Chairman Board of Censors, presented the following for membership:

Drs. E. M. P. Ludlam, T. S. Hoyne, William H Burt, H. M. Hobart, and Prof. E. H. Pratt, of Chicago; Drs. John Stiefel, Bucyrus, O.; Mary E. Farnham, Quincy; A. P. Bowman, Keokuk; W. H. Parsons, Glenwood, Ia.; Edgar Schmidt, Quincy; C. W. Taylor, St. Louis; Julia F. Haywood, St. Joseph, Mo.; George M. Haywood, St. Joseph, Mo.; S. E. Hewlett, Palatine; W. A. Barker, Chicago; Eugene Stork,

Milwaukee; Walter Bancroft, Keokuk; C. E. Manning, Chicago; H. M. Fox, Chicago; Walter F. Kuall, Lorain, Ill.; G. W. J. Brown, Dixon, Ill.; E. A. Whitlock, Farmington, Ia.; H. R. Arndt, Grand Rapids, Mich.; E. Manning, Anton, Ill.; C. C. Shinnick, Knoxville, Ia.

Under the Bureau of Clinical Medicine, Dr. W. J. Hawkes, Chairman, Dr. Sarah C. Harris, of Galena, Ill., read a paper, Congestion of the Kidneys. Dr. E. H. Pratt, of Chicago, read a paper, Concussion of the Brain; Dr. G. W. Hall, on Strictures of the rectum; Dr. W. H. Caine, on Membranous croup, advising the use of the knife and tube; Dr. A. S Everett, on Fractures of the tibia and fibula. Dr. N. A. Pennoyer Chairman Bureau of Psychological Medicine and Anatomy, read an able paper on nervous troubles due to colds; Dr. H. B. Fellows, on Epileptical Headaches. Dr C. H. Goodman, under Clinical Medicine, gave an interesting account of an experiment where an old and young person were united by tissue connection, and the circulation of the two partially blended, with unfavorable results. The experiment was to satisfy the old man, who desired to renew his early vigor. W. J. Hawkes read a paper, Clinical Medicine: its results the crucial test of the school. Dr. McAffee reported two clinical cases. Dr. W. L. Breyfogle was made Chairman of the Bureau for the next year. Dr. Julia Ford presented an interesting and timely paper, Rest for women. The Doctor thought that too frequent parturition the cause of woman's weakness. Among other papers were Dr. Ludlam's Uterine laceration, Dr. Vilas' Auditory nerves, Dr. Duncan's Dysentery, Dr. Brook's Primary Education, Dr. L. S. Ordway's Calcareous and silicious waters.

Officers elected: President, Dr. E. M. McAffee, Clinton, Ia.; First Vice-President, Dr. A. S. Everett, Denver, Col.; Second Vice-President, Dr. W. J. Hawkes, Chicago; Third Vice-President, Dr. R. L. Hill, Oakland, Cal.; Secretary, Dr. C. H. Goodman, St Louis; Treasurer, Dr. G. W. Foote, Galesburg. Board of Censors—Dr. W. C. Barker, Waukegan; Dr. C. H. Vilas, Chicago; Dr. J. H. Miller, Abingdon; Dr. T. C. Duncan, Chicago; Dr. R. H. Baker, Davenport,

Achrocordon chococ.

[The cure by *Achroc. choc., cm*, recorded by Dr. Nichols (ADVANCE for December, p. 308), led me to ask Dr. S. Swan for information. He favors me with the following reply.—J. C. MORGAN.]

DEAR DOCTOR:—*Achrocordon chococ*, used by Dr. Nichols, is one of the serpent galls brought by Dr. Higgins from South America. It, or rather the bite of the snake, if a person does not immediately die, produces inveterate ulcers and sores, difficult to heal; also pains in scrofulous patients. Both of these condititions are caused by the proving. Dr. Nichols promised to write out a further account for me, but has not yet done so. The other snake remedies I have are *Fel vipera acustica carcinata*, or *Loina de machete*. With this I cured an aneurism of the left subclavian artery, with a thrombus in the radial artery near three inches long.

Fel vipera pseudechis majit ("atrocious pains, rheumatic; worse at new moon"), hemorrhage of bright blood from nose and mouth, scanty, seldom, or entirely suppressed urine.

Fel catamaris venenosus. Similar to the preceding, with the addition of fits of uncontrollable rage.

Fel lachesis trigonocephalus, or *Mapance cabeza de sapo*. Convulsions, hemorrhages, optical derangements.

Fel torcoral. Excruciating pains and agony.

Birri birri or *Podre dora*, or the *Rotter*. Causes the flesh to rot off the bones.

This poison I could not procure, and it will cost a good deal to procure a gall. It is such a deadly poison that even the Indians fear it more than any other serpent.

I am sorry not to give you any more satisfactory answer. If a few observing physicians would take a dose of the 1*m* potency they would get valuable provings, without deranging their health or interfering with their usual avocation. Who will set the example?—Yours truly, SAMUEL SWAN.

HUMANITY VERSUS FANATICISM.—When the gentle Cowper declared he would not hold upon his list of friends him who would "needlessly set foot upon a worm," the poet's humanity touched high water mark, but stopped short of fanaticism. The fanatic would have left out the word *needlessly*.

The distinction between wanton cruelty and the infliction of pain for humanity's sake is an important one; and in refusing to make it the Society for the Prevention of Cruelty to Animals, more recently styled Humane Society, certainly do not ally themselves with the class of kindly and sensible people represented by the poet.

Good intentions cover a multitude of sins, and command respectful consideration even where they do not give proof of wisdom; nevertheless, it is difficult to be patient with those who persistently prostitute the word *humanity* to justify courses which do not tend to ameliorate the condition either of beasts or men, collectively or individually, but rather bar the way to such amelioration. The tender mercies of the foolish, like those of the wicked, are often cruel; and of such a nature are those displayed by the officers of the society referred to when they seek by exaggeration and misrepresentation to stop all use of living animals for the scientific advancement of physiology and medicine. And it shows a pitiful state of popular intelligence, feeling, and judgment when legislatures can be persuaded by fanatics to pass laws making it a crime to pursue a line of scientific investigation which has been more fruitful than any other in knowledge helpful for the prevention and cure of disease. Pasteur's recent brilliant and most promising discoveries in connection with chicken cholera were no doubt made at the cost of considerable discomfort to a small number of guinea pigs, rabbits and barn yard fowls; but the certain issue of those discoveries must be to prevent an incalculable amount of distressing and fatal disease among these animals, with a possible issue of infinite value to humanity in furnishing a clue to a right understanding and treatment of many of man's diseases.

If the anti-scientific spirit of those who assume to be the official advocates of "humanity" shall prevail, all such investigations must become crimes to be prevented by the strong arm of the law, and men and animals may go on for ever dying of diseases which knowledge might mitigate or entirely prevent. That this spirit has already largely perverted a movement for the prevention of cruelty to animals into one which arrests the labors of those who would do most for the alleviation of pain in animals and in human kind, is only too plainly shown in the recent letter from a committee of the Medical Society of New York to the officers and members of the Humane Society, begging them not to interfere in certain proposed investigations touching the origin and prevalence of disease among animals.

The letter, which is signed by nine of the best known and most honorable physicians of New York, says, after referring to the diseases mentioned and their disastrous effects:

"So weighty are these interests that the Medical Society of the State of New York has appointed the undersigned a special committee on the subject of experimental medicine, charged with the duty of protectiug such investigations from harmful interference.

"Such an interference is threatened by the efforts which have been made, in the name and with the implied sanction of your society, to prevent, by legal enactment, experiments on animals for medical and scientific purposes. Should these efforts succeed, they would have the effect to prohibit, within this State, a most useful means of investigation, and would be a lasting detriment to the cultivation and improvement of medicine. The committee can say, from their own knowledge, that the experiments in question are not performed in a spirit of wanton cruelty, nor in such a way as to inflict needless sufferings upon the animals employed; and that the information acquired by their means is often of the highest value for the protection of life and property.

"With you, we earnestly desire to prevent every form of unnecessary suffering. But we would most strongly draw your attention to the radical difference between the infliction of wanton cruelty and the serious and car ful use of the lower animals for the benefit of humanity and of the brute creation; and we respectfully ask that the name and authority of your society may not be employed to the injury of the medical profession and of medical science."

The real friends of humanity and of the brute creation await the answer of the society named with no little interest. If, as there is reason to expect, the reply is not favorable to the work proposed by the Medical Society, the friends of humanity untainted by fanaticism will wisely refrain from giving aid or encouragement to the misguided society until a different set of officers give a more reasonable spirit to the administration of its affairs.

Success of Women M. D.'s.—Women physicians and the other women who believe in them are taking much comfort out of the report made recently by Dr. Rachel Bodley, Dean of the Woman's Medical College in Philadelphia. It appears that there have been 276 graduates from this institution in its thirty years of life, and it occurred to Dr. Bodley that a report would be of interest if made by each of them as to her success, income, welcome into medical fraternities, and above all, the effect of professional duties upon her life as wife and mother. She therefore addressed a letter of inquiry to each of the 244 female physicians (32 having died), and gave at the recent commencement an abstract of their replies.

Only 181 answered the questions; it may be inferred that 63 had no very pleasant tale to tell. Of these 181, 30 had given up the practice of medicine; of the remaining 151, 98 had properly devoted themselves to the treatment of diseases peculiar to women; 59 of them were engaged as resident or visiting physicians in some asylum, hospital or school for girls. The towns of Springfield, Mass., and Charlotte, Mich., alone had recognized the equality of women by choosing lady practitioners as city physicians. As the all important question of salary was answered only by 76 of the 214 who received letters, and were still in practice, we are forced to suppose that 138 are not succeeding to their own satisfaction Of these 76, 4 reported annual incomes of from $15,000 to $20,000; 10 less than $1,000; 24 between $1,000 and $2,000, and so on, the average for the 76 was $2,907. The question as to how many were employed as teachers of medicine was answered affirmatively by 51 of the 76. It was to be expected that the percentage would be large, for the natural instinct of a woman leads her to teach all she knows, as soon as she knows it, if not a little before. Of the medical societies throughout the country, 73 have admitted woman to membership

The crucial question was the last: "What influence have the study and practice of medicine had upon your domestic relations as wife and mother?" Replies came from three unmarried woman to the effect that their profession had prevented their marriage; 43 married women answered that the "effect had been favorable"; 6, "not entirely favorable"; while only one, more unfortunate, or probably more candid than the others, stated that it was "unfavorable." After all, it was hardly a fair question, and could hardly be fairly answered. The whole report impresses an impartial observer with the earnestness, sincerity of the women who have chosen a path diverging so widely from that of their sisters. It is probable that they have prudently chosen the work most congenial to them, more congenial even than that of wife or mother.

HYGIENE.—Horace Mann justly remarked, "a spendthrift of health, is one of the most reprehensible of spendthrifts. I am certain I could have performed twice the labor, both better and with greater care to myself, had I known as much of the laws of health and life at twenty-one as I do now. In college, I was taught all about the motions of the planets, as carefully as though they would have been in danger of getting off the track if I had not known how to trace their orbits; but about my own organization, and the conditions indispensable to the healthful functions of my own body, I was left in profound ignorance. Nothing could have been more preposterous. I ought to have begun at home, and taken the stars when it should come their turn. The consequence was, I broke down at the beginning of my second college year, and have never had a well day since. Whatever labor I have been able to do has been done on credit instead of

capital—a most ruinous way, either in regard to health or money. For the last twenty-five years I have been put from day to day on my good behavior, and during the whole of this period, as an Hibernian would say: "If I had lived as other people do for a month, I should have died in a fortnight."

OPIUM DENS IN SAN FRANCISCO.—If there is any section of the United States which should be eschewed, execrated and quaratined by every other portion, according to the testimony of its own inhabitants, it is that section of California, and particularly its capital city. What with leprosy, smallpox, opium dens and Mongolian contaminations of all kinds, San Francisco is not a place fit to live in, or even safe to be visited. Have we not the testimony of our newspapers to this effect! Do they not—some of them at least—flaunt the yellow flag all the while and write "pestilence" on our gate? And who will charge the newspapers with misrepresentation? "Four hundred places for the sale of opium, and many of them receiving $75 a day"—this is the last self-slander. The eastern papers are taking it up and mixing it with leprosy, smallpox and other curses, which our purblind alarmists are always making the most of. We are bad enough, especially in a moral sense, but why belie our home and our country for the mere purpose of making a point against Mongolian immigration? Four hundred opium shops at an average of $50 a day! The sum of $20,000 spent daily in San Francisco for opium! Upward of seven million dollars a year! Is this the way to invite immigration? Such self-slanders are disgraceful to their authors and their utterers, and it is time they were stopped. More than a few of our prominent newspapers are guilty of them. It is their chronic habit and possibly so long followed by them that they can not see its evils. We hope that sensible people will take the matter in hand and do something to open the eyes of these stupid and self-abasing editors.

DEATH RATE OF THE RICH AND POOR.—All the sanitary improvements have not reduced the death rate of London, for, during the past few years, the rate was as follows: In 1856, 22.2 per 1,000; 1876, 22.3; 1877, 23 per 1,000. In all England the rate had remained identically the same for three decades, namely, 22.35 per 1,000. The point endeavored to elucidate was, that the great cause of this non-improvement resided in the mass of indigence which, now as always, was instrumental in producing a large crop of premature deaths in all densely populated states. Thus, it has been observed in France that persons between the ages of 40 and 45 die, if in easy circumstances, in the proportion of 8.3 per 1,000, while, if poor, they died at the rate of 18.7 per 1,000; that is, the mortality between these ages was twice and a half as large among the poor as it was among the wealthy. It was found, too, that in Paris, between the years 1817 and

1836, 1 inhabitant in every 15 died in the Twelfth Arrondissement, which is peopled in great part by the poor; while in the Second Arrondissement, inhabited by the wealthier classes, the deaths for the same period were only 1 in every 65. M. Garnier, of Paris, in 1857, speaking of the mean life in a large English manufacturing city, had found that it was only 17 years in the quarters inhabited by the poor, against 42 among the higher classes. Villerme calculated that the probable life of the infant of a weaver at Mulhouse was as low as one year and six months; while that of the baby of the proprietor of the factory was 26 years. Dr. Drysdale cited from a pamphlet written in 1877 upon the dwellings of the wages-receiving classes in Paris some further suggestive figures, from which it appeared that a death rate which was the mean of the whole population is always misleading. Thus, in part of a sub-district in London, comprising houses in good condition, the death rate did not exceed 11.3 in every 1,000; while there were adjacent dwellings in the same sub-district in which the death rate had risen to 38 per 1,000: and it was now reported that there were particular districts in London where the death rate was 50 per 1,000. On the other hand, the average death rate of the whole population was only 24 per 1,000 in 1843, and had scarcely deviated from that figure since. If such statistics were insufficient, he would refer to the researches of Ansell, who collected the statistics of 48,044 children of the opulent classes in England, including professional men, the nobility, and gentry. It appears from Ansell's tables that among these classes the death ratio was only 80.45 per 1,000 for children under a year old, while for all classes taken together it was 150. Dr. Little found the ratio in Berlin, a city of extreme poverty among the working classes, to be occasionally as high as 500 per 1,000. In conclusion, Dr. Drysdale referred to the statistics of New Zealand as a remarkable confirmation of Ansell's tables. In New Zealand, of late years, the wages of laborers had been very high, and the profits of capital large, with meat only 3d. a pound, so that a laborer was able to secure plenty of food without undue anxiety. The result was a death rate of only 12.5 per 1,000—a fact mainly due to the absence of an indigent and badly paid class. In England and Wales, with the same death rate, some 230,000 lives would be saved every year. In passing, Dr. Drysdale took occasion to dissent from the view that alcohol is the great cause of evils in modern states. It was probable that a New Zealand laborer did not drink less beer than he did before he left England, and yet he lived nearly twice as long in New Zealand as he could expect to live at home.

THE MOVEMENT CURE FOR CONSTIPATION.—The eccentric and concentric motions affecting the lower abdomen, in addition to the movements which afforded the introduction of oxygen in the blood, the rapid rotation

of the entire trunk upon the pelvis promoted activity in the portal circulation and stimulated peristaltic action of the intestines; and in order to relieve congestion of the liver and excite a healthy flow of bile, the patient should assume an attitude that would place the muscles of the right side strongly on the stretch, while the operator produced a rapid vibration of the parietes of the chest and abdomen immediately over the liver. Finally, the patient assuming a recumbent posture, thorough kneading of the abdomen is given, followed by pressure and vibration over the solar plexus. The circulation of all the abdominal viscera is thus stimulated, the passage of both chyle and fæces through the alimentary canal is aided, healthy secretion is promoted, undue accumulations of mucus are dislodged and the great nervous centers of the organic system are roused into the highest state of activity. There are very few cases of constipation, however obstinate, which will resist a fortnight of this treatment daily, and many cases will yield in a week. The manipulation occupies about one hour.

Book Notices.

Materia Medica Pura. By Samuel Hahnemann. Translated from the latest German edition. By R. E. Dudgeon, M. D. With Annotations, by Richard Hughes, L. R., C. P. E. Volume I. *Aconitum* to *Ipecacuanha.* Boericke & Tafel, New York.

For many years Hahnemann's Materia Medica Pura has dwelt among the myths. It has been often heard of and but seldom seen. To many modern students of Homœopathy this work has been almost wholly inaccessible. Thanks to translator and publishers, we are to have it reproduced, in two splendid volumes. The first of these lies before us. As we turn over its fair pages and read its wonderful chapters, we wonder if this man who wrote it is the Samuel Hahnemann against whom the tongue of slander has been so busily wagging. Can this be the man who has done so much to injure medical science? Is it he whose name has been a hissing and by-word so many years? Is he the deluded mortal who has deluded so many other mortals? Is he the person who is so effectually

relegated to the limbo of forgetfulness by these modern, liberal, rational gentlemen who have so wonderfully improved a system they never yet studied? Will any sane man read—aye, study—this book, and then say that Hahnemann was ill-informed as to what he wrote about? Why, as a matter of fact, the extent and profundity of Hahnemann's knowledge remains to be fathomed by all, except a few faithful scholars who have made his writings their life study. If this, his grandest work, is but glanced at, it will impress any intelligent mind with its grandeur. It is more than a mere symptomatology; it contains the pathogenesis of most of our polycrest remedies, and what is more, the preliminary chapters contain a most admirable digest of the homœopathic art. It is complemental to the Organon of the Healing Art, and the two, taken together, may be held to represent the philosophy and the art—not of medicine, as generally conceived, but the true philosophy and art of healing. And simple and sensible as it is, it seems hard to learn. It was even so in Hahnemann's day. On page 18 of this volume he says: "Many of my acquaintances but half converted to Homœopathy have repeatedly begged me to publish still more exact directions as to how this doctrine may be actually applied in practice, and how we are to proceed. I am astonished that, after the very particular directions contained in the Organon of Medicine, more especial instruction can be wished for." And so might any man capable of thought be astonished at the utter failure of so many to grasp so simple a truth. Shame on the men who, through ignorance and willful misrepresentations, mislead the public mind in regard to the character and value of the writings of Samuel Hahnemann! We are heartily glad to welcome this grand work of the master in its new and attractive form. Let this, now that it is to be obtained at moderate expense, be everywhere welcomed and perused, and let there be an end of lying and of misunderstanding. The name and fame of its great author may rest securely upon it for ages to come. Give it a wide currency; let those who wish to understand the truth possess themselves of it, and the follies and errors of the empirical schools will soon receive their final downfall.

Physiological Materia Medica. Containing all that is known of the Physiological Action of our Remedies, together with their Characteristic Indications and Pharmacology. By W. H. Burt, M. D. Chicago, 1881.

We have here a handsome volume of 980 pages. It is beautifully printed, and bound in an ornamental and characteristic cover, showing, embossed, the *Tarantula*, *Apis*, *Lachesis*, and *Aconite*. The author is a well-known student of materia medica, and no doubt offers this as "the crown-

ing work" of his life. And we can say heartily that if he is satisfied with his method, he has reason to be proud of his offering to the profession, for in manner it is faultless. We have just had laid before us a so-called "Comparative Therapeutics," and have found it wanting in many essential features. Dr. Burt's work belongs to the same school, which is essentially the eclectic school. It certainly does not belong to that school of medicine of which Samuel Hahnemann's Materia Medica Pura stands as representative. Whether it be something new or old, can only be ascertained by a historical examination of the development of materia medica. The nature of the action of drugs has been an object of constant study since the days of Hippocrates, and we know that considerable advancement had been made with a large list of drugs before Hahnemann's time. It was due to him that a new method of study was introduced, and out of it grew his great Materia Medica Pura. This marked a new epoch, which revolutionized and recreated this important department. Multitudes of books had been filled with vague speculations, but little, however, was known of their exact action so far as their therapeutical uses were concerned. Cullen's Materia Medica was chosen by Hahnemann as the representative work, and he began its translation. While doing this he saw its errors and incompleteness, and he threw away the faulty method of the author and his contemporaries and made a pure materia medica. His plan needs no explanation here. Of its thorough, scientific character there has been no doubt, and there can be no dispute. Upon this foundation his successors have built, until we have what is fairly and fully represented in Allen's incomparable Encyclopedia. If any one supposes that Dr. Burt has followed the method of Hahnemann, he has only to glance at this work before us and be disabused. Possibly, it may be thought to be an improvement on Hahnemann's method; then something new and better must have been discovered since Hahnemann's time. First of all, we are struck with the title—"Physiological Materia Medica." What this may mean is an open question. No light is thrown upon it in the Preface. The author assumes that "physiological," as applied to drugs, is a well understood term. He was never more mistaken. He assures us that "a special study of the *physiological action* of each drug has been made, for drug pathology is quite as necessary to the scientific physician as disease pathology." This may be all clear to Dr. Burt's mind, but not to ours. If physiology and pathology mean the same thing, there is something tangible to the sentence; otherwise it is worse than "a glittering generality;" it is unscientific. He goes on to say "the clinician will find the subject matter of each drug, so far as possible, made up of solid, practical facts that can be relied upon at the bedside with positive certainty; for nothing has been selected until it has received from competent authority the indorsement of a positive physiological or clinical effect of the drug." Whatever we may think of this sort of a materia medica, if it were possi-

ble to construct such an one, it is plainly different from Hahnemann's method. The reader may compare the chapters of any drug treated by both Burt and Hahnemann, and he will be more than amused by the comparison. Bartholow, Wood, Stille, Ringer, and Phillips are among the authors from whom he largely quotes. They are all well-known allopathic authors. Their methods of studying drugs are those of Cullen and his predecessors and contemporaries. The observations made are extended and modified by accretion, but in quality they remain precisely the same. More than half of Dr. Burt's book is a mere repetition of allopathic "authorities." If that is what the profession want, then this is the book for that purpose. It does not essentially modify the case that Dr. Burt quotes from Hahnemann, Hering, Lippe, and Dunham. They are emasculated in being transferred to his pages. In no instance does he give a complete or satisfactory showing of a drug. It may be as well to say plainly that Dr. Burt's book is not a homœopathic materia medica; it is a "comparative" materia medica, and those who are eclectic in their tastes can find here just what they want. Pegasus is, indeed, hitched to the plow with a stolid ox; but Pegasus will fly no more, for his beautiful wings are clipped.

The Homœopathic Therapeutics of Diarrhœa, Dysentery, Cholera, Cholera Morbus, Cholera Infantum, and all other loose Evacuations of the Bowels. By James B. Bell, M. D. Second edition by Drs. Bell and Laird. Boericke & Tafel, New York.

Bell on Diarrhœa, first published in 1869, was a happy thought, taking tangible form and proved a great blessing to the profession. The present edition has slightly enlarged and greatly improved the work. Dr. W. T. Laird, the co-editor, and Drs. W. P. Wesselhoeft and Ad. Lippe, Prof. E. A. Farrington and Drs. T. M. Dillingham and F. F. Laird have contributed to the work so as to make it unrivalled in perfection and invaluable to the practitioner. With these splendid pictures before him how can an intelligent physician fail to find the indicated drug? Will the eclectics sweep this away also, or may we by the aid of this book stand defiantly and successfully upon our law? Thanks to publishers and editors for a splendid and practical monograph, which, dear reader, if you have it not get it forthwith. Price $1.50

Ziemssen's Cyclopedia of Practice of Medicine. Vol. IX. Diseases of the Liver and Portal Vein, with chapter relating to Interstitial Pneumonia.

It is almost needless to say that this volume forms an important part of the well known Ziemssen series, now brought successfully to comple-

tion. So important is the liver to the human economy that its diseases must always hold a foremost rank in pathology and therapeutics. Five eminent professors have each made important contributions to this volume and it may be considered as second to none of its predecessors in value. The chapter on interstitial pneumonia properly belongs in Vol. V, from which it was crowded out. Taken altogether we have here an important addition to our literature.

Biliary Calculi, Perineorraphy, Hospital Gangrene and its Kindred Diseases, with their Respective Treatment. By C. H. Von Tagen, M. D. Boericke & Tafel.

We have here a collection of papers quite miscellaneous in character, and unrelated except as they appear under one cover. The articles do not call for criticism as they are quite unpretentious. The authors experience with hospital gangrene seems to have been exceptionally large, and his tables will no doubt arrest attention and call forth some criticism from our surgeons. Dr. Von Tagen's death at a comparatively early age no doubt deprived us of considerable contributions to surgical literature. This little work, designed as his first offering, proved to be his last. We heartily commend this to our readers.

CHEMISTRY OF MEDICINES. Prof. J. U. Lloyd, Cincinnati. The mechanical part of this, the second edition, is much improved over that of the first edition. The work of the author we reviewed before. It is all that could be asked, and the work is the best we know of for medical students.

RECEIVED.

The Dengue Fever of 1880, in Savannah, Georgia. By Louis A. Falligant, M. D.

Diseases and Deformities of the Spine. By Robt. A. Gunn, M. D.

The London Lancet for June. Industrial Publication Co., New York.

Stimulants and Narcotics. By O. S. Runnels, M. D., Indianapolis.

A Treatise on Diseases Peculiar to Infants and Children. By W. A. Edmonds, M. D. Boericke & Tafel, New York.

Diseases of the Nervous System, etc., etc. For the use of Students and Practitioners. By Charles Porter Harte, M. D. Boericke & Tafel, New York.

MR. JOHN WOLFE, of Cincinnati, was emasculated at his request, by Dr. Kerns, on June 13, for intense satyriasis.

THE next meeting of the Cincinnati Homœopathic Medical Society will be held on the second Monday of July, instead of the first, which occurs on the 4th of July. Dr. J. W. Haines, 161 W. 7th street, will read a paper on nervousness, clinical cases and special remedies prescribed.

Editor's Table.

DR. J. B. DODGE (U. of M.) has settled in Biscom, O.

DR. M. R. JAMISON is practicing in the Sixth Ward of Akron, Ohio.

DR. AND MRS. A. I. SAWYER and daughter are spending the summer in Europe.

LUDINGTON, MICH., a village of 4,000 people lost 120 children by diphtheria recently.

DR. G. L. STONE has formed a copartnership with Dr. A. R. Barrett, Richmond, Va.

A SUBSCRIBER wishes to get the last two volumes of the "Organon." If any one has them for sale please report to us.

FOR the first time in many years we have been deprived the pleasure of attending the American Institute of Homœopathy.

PRESIDENT LOGEE presided efficiently and ruled promptly on parliamentary questions at the State Society convention held at Toledo.

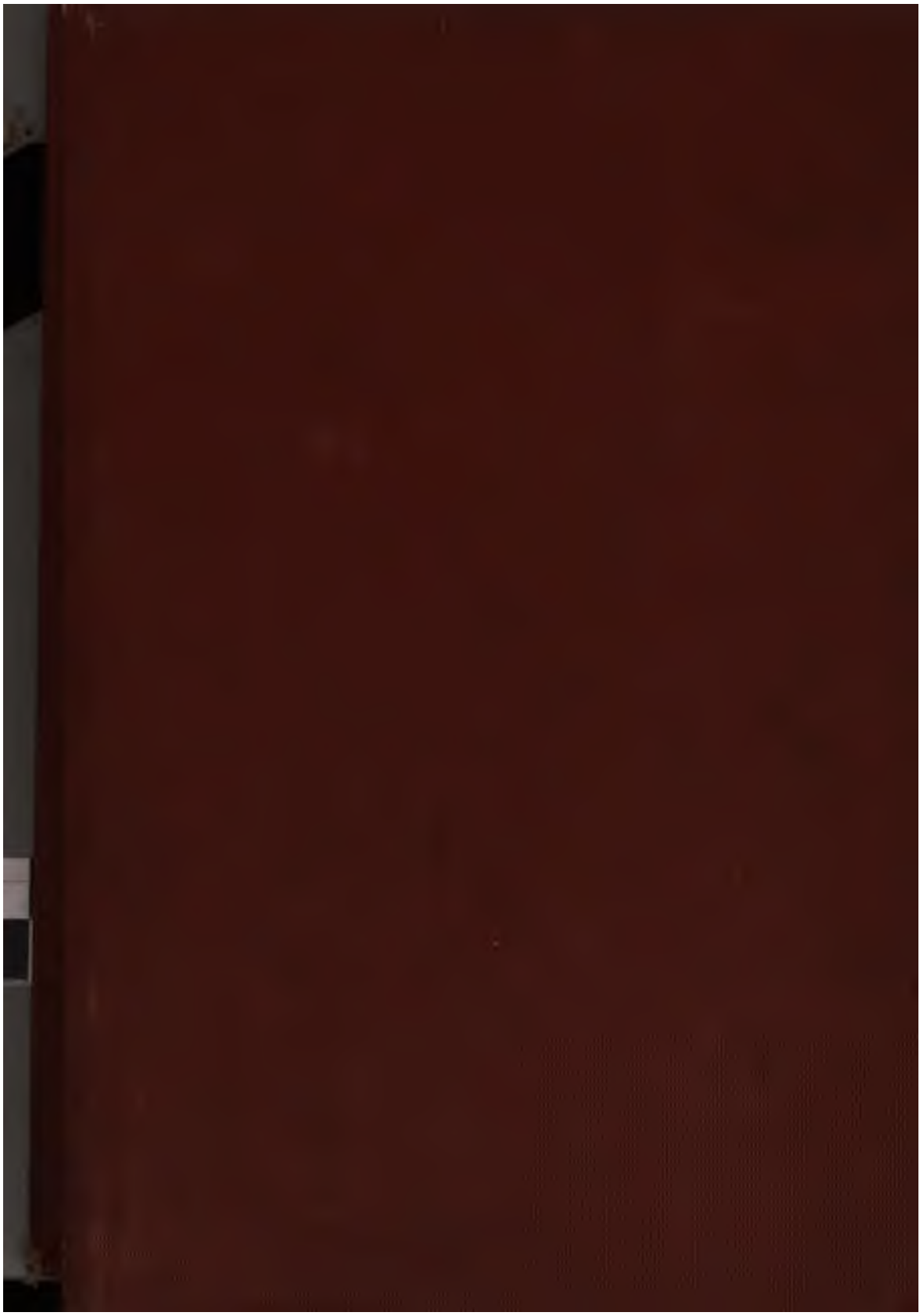
PULTE COLLEGE has issued its annual announcement with a new faculty. All of the Professors are non-residents of Cincinnati proper but two.

WE have four scholarships in colleges east and west which we wish to dispose of on very favorable terms to purchasers. Address this office.

MARRIED.—J. Albro Eaton, M. D., and Miss Jennie Wood, of Brooklyn, N. Y., June 14, 1881. We wish the Doctor and his happy bride much joy.

DR. J. W. HAINES announces, per card in ADVANCE, that he will pay special attention to surgery in Cincinnati and vicinity. The Doctor is a good operator, and has performed some capital operations since coming to this city.

THE fifth annual session of the Missouri Institute of Homœopathy will be held at the popular summer resort, Sweet Springs, Mo., August 3d and 4th. Hotel entertainment to members and their families at $2.00 per day. WM. D. FOSTER, M. D., Sec., Kansas City, Mo.

DR. VALENTINE says in St. Louis they get no pure milk. We pity the residents of that city if it is true, but we rather think the Doctor is in company with many others who are disposed to lay censure where it does not belong, because of their ignorance of the methods proper to cure disease, or inability to cure.

THE Chicago Homœopathic College will occupy its splendid new building in its next course of lectures. We believe this college one of a small number in our school that should receive the support of the prac-